MEDWIN PUBLISHERS
Committed to Create Value for Researchers

Medical Journal of Clinical Trials & Case Studies
ISSN: 2578-4838

Ayurvedic Management of Schizoaffective Disorder, Maniac Type – A Case Report

Thasni M and Jithesh M*

PG Department of Manasroga, VPSV Ayurveda College, India

***Corresponding author:** Jithesh M, Professor and Head, PG Department of Manasroga, VPSV Ayurveda College, Kottakkal, India, Email: drjitheshm@gmail.com

Case Report

Volume 5 Issue 1

Received Date: December 30, 2020

Published Date: January 29, 2021

DOI: 10.23880/mjccs-16000278

Abstract

Schizoaffective disorders are psychotic disorders in which the subjects exhibit symptoms of both Schizophrenia and Mood disorder. In the clinical practice it is often misdiagnosed due to the overlapping of the symptoms of these major psychiatric disorders. Life time prevalence of Schizoaffective disorder is 0.3% and the occurrence is more frequent in women than in men. It is a highly controversial topic in the psychiatric nosology and many substantial concerns were raised whether to deem it as a separate diagnosis or a subtype of these conditions. Still it is positioned as a separate entity owing to the common occurrence in the population.

A 33-year-old lady presented with elevated mood, continuous irrelevant hyperverbal speech, increased self-esteem, increased anger, irritability and impulsivity. She also had occasional visual and auditory hallucinations and also delusions of grandiose type. She was exposed to continuous mental stress and the duration of the illness was recorded as 7 years. From the clinical interrogation it was evident that both the maniac and psychotic symptoms were prominent in the same episodes. The case was diagnosed as Schizoaffective disorder, Maniac type based on the diagnostic criteria mentioned in International Classification of Diseases 10th Revision.

The case was diagnosed as Vatha Paittika Unmada as per the Ayurvedic clinical examination and was managed in the Inpatient department. A Sodhana based protocol was designed in a way intended to bring the vitiated doshas of Vatha, Pitta and Rajodosha into normalcy and to reduce the contributory factors of stress and anxiety. Significant improvements were noted in Young Mania Rating Scale and Brief Psychiatry Rating Scale recorded before and after the management protocol.

Keywords: Schizoaffective disorder; Unmada; Ayurveda; Sodhana; Mania

Introduction

Schizoaffective disorders are chronic debilitating psychotic disorders identified as a variant of either schizophrenia or mood disorder [1,2]. A schizoaffective disorder is diagnosed in cases of the subjects having both affective as well as psychotic symptoms [3]. Though schizoaffective disorders are positioned discretely in ICD-10 and DSM-V, it remains a controversial topic in psychiatric nosology [4]. This disorder is fundamentally heterogeneous which may either reflect the co-occurrence of two relatively common psychiatric illnesses - schizophrenia and mood disorder, or alternatively, it may be a variant of schizophrenia in which mood symptoms are more prominent and severe than usual. Conversely, this condition may also reflect severe forms of major mood disorders in which episode-related

psychotic symptoms are prominent[2]. Studies point that 30% of the cases occur in the age group between 25 and 35 years. Life time prevalence of Schizoaffective disorder is 0.3% and the occurrence is more frequent in women than in men [5]. Three subtypes of Schizoaffective disorders have been described which includes Maniac type, Depressive type and mixed type. Maniac type of Schizoaffective disorder manifests with Schizophrenic and maniac symptoms in the same episode of illness [6].

The exact etiopathology of schizoaffective disorder is still not known. Studies report that in addition to the genetic link, abnormalities in dopamine, norepinephrine, and serotonin, white matter abnormalities in multiple areas of the brain, reduced hippocampal volumes and distinct deformations in the medial and lateral thalamic regions in subjects with schizoaffective disorders [5]. Patients with schizoaffective disorder suffer from cognitive impairments especially in domains of memory, executive functions, cognitive flexibility, reasoning, and problem solving [7]. These impairments causes reduced occupational and social functionality in the subjects. They are commonly managed with antipsychotics, mood stabilizers, anti-anxiety agents and sedatives [8].

Ayurveda appreciates the importance of mental health along with the physical wellbeing for a healthy life. While explaining the *Ashtangas* or the 8 specialities of Ayurveda, Acharyas positioned the field of psychiatry as a separate branch and termed it as Bhutavidhya [9]. Unmada is a major disorder described in which encompasses a wide variety of psychiatric illness. In unmada the impairments in the domains of *Ashta Vibhramas* leads to the manifestation of various clinical conditions available [10].

The present case of schizoaffective disorder exhibited the co-occurrence of maniac symptoms such as hyperverbal speech, increased selfesteem and elated mood and also psychotic symptoms including hallucinations and delusions. The case was diagnosed as unmada because of the impairment in *Ashtavibhramas* and a final diagnosis of *Vatha Paittika* Unmada was done based on the atypical symptoms prominent in the subject. A sodhana based treatment strategy was planned which included *snehapana, virechana, shirodhara, matravasti* and *nasya.*

Clinical Presentation with History

A 30-year-old Muslim woman who has completed the Teachers Training course, hailing from a family of middle socio-economic status from Malappuram was brought to the out-patient department of the hospital by her parents. She presented herself with primary concerns of decreased attention and concentration, increased anger, increased fear that someone will harm her, severe headache and occasional hearing of strange sounds. On detailed interrogation with the parents she was found to have complaints such as elevated mood, continuous, irrelevant hyperverbal speech, increased self-esteem, increased anger, irritability and impulsivity.

Detailed history revealed that she was an introvert right from her childhood who had very few friends while at school and she always used to complain about the sincerity of the few friends she already had. She used to get disturbed on watching even mild violence in films. Her academic performance was average and she got married while she was studying in plus- two. While at her husband's home, she had high energy in doing household activities and also completed her studies in between but she had difficulty in her family relations, especially with her in- laws.

The symptomatic picture began seven years back when her mother in law tried to attack her with a knife and she was forced to stay back there itself for 2 more days. After the incident she developed incoherent talks and crying spells complaining that someone was always coming to attack her. She was reported to be taken to a psychiatrist and the symptoms subsided after the medication.

The second episode appeared 1 year later when her 1½ year old daughter drowned in a bucket of water for which she was badly blamed by her in-laws. After this incident she was too much disturbed and incoherent talks developed again and she was found roaming about in the house. She had visual hallucinations of her died daughter standing beside her. She also had suicidal thoughts at that time. Later when the symptoms subsided, she was forcefully sent for the teaching job by her husband but she could not continue the job.

Meanwhile the issues with her in- laws became worse and she was sent to her own home by the husband. She developed great anxiety about her children's future and whether her husband would divorce her. In the last 8 months she was experiencing elevated mood, pressure of speech and increased self-esteem. She listens to devotional songs of all religion in specific time intervals and sings them loudly in a humorous way. She also posts voice clips with strange contents concerning her life and also religious matters in the family groups.

She describes varying strange plans about the future and shows excessive self confidence that she is extraordinarily talented to bring these plans into action. She gets irritated and aggressive when someone stands against her and shouts at them rudely. She destroys things in rage and also harms herself, her children, parents and husband. She also feels as

if she is hearing sounds as like that of a school or someone cooing. She also complains about decreased attention and difficulty in concentrating in the activities.

Family History

Her maternal grandmother had the history of psychiatric illness.

Clinical Findings

General physical examination – Pulse – 72/min, Heart rate –70 beats/ min, BP – 120/70 mm Hg, Respiratory rate – 18/min, Weight – 52 Kg

Mental Status Examination

The patient appeared moderately built with adequate grooming and her age appeared a little younger than as stated. She was comfortable about the interview and was co-operative to all the queries. Normal eye contact was maintained and a working and empathetic relationship was established easily. The psychomotor behaviour appeared to be normal. Her speech was rapid, pressurised and elaborative. Tangentiality and flight of ideas were evident in the speech and she unpredictably shifted to unnecessary details. The mood was elated and the affect was found to be congruent with the mood. She described grandiose delusions regarding her extraordinary talents to excel in all the strange plans she had about her future. She reported elementary auditory hallucinations like hearing the sound as that of schools or someone cooing. She also reported visual hallucinations of her died daughter in the past life.

She was conscious and well oriented about time, place and person. The attention and concentration were mildly impaired. Memory was found to be intact and there was no impairment in abstract thinking, intelligence, judgement and reading and writing. The insight was graded as 2.

Blood and urine routine investigations were within the normal limits. She was on psychiatric medication after the first attack of symptoms which was 7 years before, and the symptoms relieved within one week and she discontinued the medicines without any medical advice. She is not on any psychiatric medication since then.

Ayurvedic Clinical Examination

In the Ayurvedic perspective *Dasavidha pareeksha* was performed and lead to these observations. *Sareerika prakriti* was assessed as *Vata pitta* and *Manasika prakriti* as *RajasaTamasa*. There were *Vata* predominant atypical features such as constant irrelevant speech and inappropriate singing. Association of *Pitta* predominant features such as irritation, anger, excitement in inappropriate occasions, attacking others, and continuous state of anguish were also evident. There was involvement of *Rajo dosha* also in the pathology. She belonged to *Sadharana desha* and the *Kala* was *Visarga*. She was having *Madhyama satva* and *Abhyavaharana sakthi* and *Jarana Sakti* was also Madhyama. *Srothas* involved was *Manovahasrothas* and the precipitating factors of the disease were found to be *Katu amla lavana aharas*, *vidahi ahara, Mano vyakulatha* and stressful situations.

Diagnostic Focus and Assessment

As the maniac symptoms and psychotic symptoms were both prominent in the clinical picture, the diagnosis of Schizoaffective disorder – maniac type (F 25.0) was eventually done as per the diagnostic criteria mentioned in WHO'S International Classification of Disease 10. The assessments were done using Brief psychiatry Rating Scale (BPRS) and Young Mania Rating Scale on the 1st day, 12th day, 19th day and the 30th day [11,12].

The subject seemed to have alterations in most of the domains of *Ashtavibhramas* and by analysing the clinical features and aetiopathogenesis, the condition was broadly diagnosed as Unmada [10]. As the subject had Pitta predominant atypical features such as *Amarsha* (Irritation), *Krodha* (Anger), *Samramba cha Asthaane* (Excitement in inappropriate occasions), *Mushtibhirabhi samhananam* (Attacking people with fist), *Santapaschaativelam* (Continuous state of anguish) etc, and *Vata* predominant atypical features like *Satatamaniyathanam cha giram Utsarga* (Constant irrelevant speech) and *Abheekshna Geetha prayoge Cha asthaane* (Inappropriate singing), a final diagnosis was kept as *Vatha paittika Unmada* [13,14].

Management

As per the initial assessments, the treatment plan was formulated and executed as follows:

The internal medications were fixed as:

1. *Drakshadi* kwatha – 15 ml + 45 ml warm water BD [15].
2. *Ashwagandha* + *Yashtimadhu* + *Shankupushpi Choorna* (Equal) – ½ tsp BD with lukewarm water [16-18].

Procedure	Duration	Medicines	Rationale	Observations
Takrapana	3 days	*Takra*(1.5 L) + 5 gm *Vaiswanara* churna [19]	*Rukshana, Srothosodhana Agni vardhaka*	Appetite increased. No evident change in Psychiatric symptoms
Snehapana	5 days	*Kalyanaka ghritha* (30 ml- 180 ml) [20]	*Snehana Vata Pitta hara*	Anger, irritability and auditory hallucinations decreased.
Abhyanga + Ushmasweda	3 days	*Ksheerabala* taila[21]	*Dosha vilayana*	Reduction in the symptom of elevated mood. No hallucinations
Virechana	1 day	*Avipathy choorna* (30gm) [22]	*Indriyaprasada, Buddhi prasada Vatha Anulomana*	Reduction in the rate and amount of speech. Pressure of speech decreased
Shirodhara	7 days	*Ksheerabalataila*	*Vatha Pittashamana*, indriyaprasadana	Improvement in Anger, irritability, self-harming behaviour and speech.
Matravasthi	7 days	*Tiktaka ghritha* (100 ml) [23]	*Vatha pittashamana*	Reduction in Tangentiality and flight of ideas
Pratimarsha nasya	7 days	*Ksheerabala Taila* (101) – 4 drops	*Srothoshodhana, Tarpana*	Reduction in ideas of new interest and plans about future. No events of inappropriate singing

After the IP treatment, the following medicines were advised to continue upto 1 month

- *Tikthaka gritham* – 2 tsp Morning
- *Chandanadi Thailam – Padabhyanga* and *Shiro abhyanga*
- *Ashwagandha* + *Shankupushpi Choorna* (1:1) – ½ tsp BD with lukewarm water
- Advised to practise Pranayama daily.

Table 1: Treatment Procedures with Rationale.

Scales	Scores – Initial assessment	Score – 12th day	Score – 19th day	Score – AT
BPRS	41			11
Young Mania Scale	26	19	14	9

Table 2: Scores on assessment.

Discussion

Unmaada is a condition which encompasses a wide range of psychiatric illness under a single heading. In *Unmada* the etiological factors cause *Tridosha dushti* which afflicts the *Hrdaya* (the abode of intellect) and *Manovahasrothas* which results in the perversion of *Mana* and *Budhi.* Unmada involves the impairment of the eight psychological factors known as *Ashtavibhrama* which includes *Mano vibhrama*, *Buddhi vibhrama, Samjnajnana vibhrama, Smriti vibhrama, Bhakti vibhrama, Seela vibhrama, Cheshta vibhrama* and *achara vibhrama*.

In the clinical picture of the present case of Schizoaffective disorder the subject was found to be of *Upaklishta satva* (Confused mind) and she was continuously subjected to psychological stressors such as *Krodha (*Anger), *Bhaya* (fear), *Soka* (grief), *Chinta* (excessive thoughts) and *Udvega* (Anxiety). *Rajodosha* was found to be aggravated in the pathology. Impairments were found in all the domains of *Ashta Vibhrama* except *Samjna* and *Smrithi.*

Among the *Tridoshas*, Vatha dosha has a major role in the normal functioning of mind and in this case normal functions of *Vatha* were affected and she had features of continuous irrelevant speech and inappropriate singing. There were also features of *Pitta dushti* including increased anger, irritability, excitement in inappropriate instances, destructive mentality and she used to harm herself and others. Considering all these factors, a diagnosis of *VataPaittika Unmada* was done and the treatment was planned accordingly. In order to address the Vatha pitta predominance of the symptoms, the samana drugs selected were Drakshadi Keatha and a combination of Ashwagandha, Sweta Shankupushpi and Yashtimadhu Churna. Ashwagandha and Sweta Shankupushpi are proven antistress, anxiolytic drugs and Yashtimadhu is effective in

impairment of buddhi or intellect.

Considering the deranged *agni* of the patient, Takrapanawas administered initially for 3 days, to bring about *Pachana*, *Rukshana* and *Srothosodhana* [24]. After Takrapana, Snehapana was administered till the observance of Samyak Snigdha lakshanas [25]. Vatha is the controller of the mind and *Medha* is the property of Pitta. So, the normalcy of Pitta and proper channelling of Vatha are major concerns in psychiatric disorders [26]. In the individual, both these *Doshas* were found to be vitiated. *Ghritha* was selected as the Sneha considering the *Vatha pittahara* nature and also the lipophilic nature of the Blood brain barrier [26]. *Snehapana* also brings about the *Utkleshana* of vitiated *Doshas* which makes it to be easily eliminated by *Sodhana* therapy. After *Snehapana* improvements were observed in anger, irritability and auditory hallucinations. After that, *Abhyanga* and *Ushmasweda was* done for 3 days which was intended to bring about liquefaction of the vitiated *Doshas.*

Virechana was planned as the Sodhana procedure, which when properly administered brings about *Indriyaprasada, Buddhi prasada, Srothovisuddhi, Laghuta, Agnivriddhi, Anamayatva and Vathanulomana* [27]. After *Virechana*, improvements were noted in the rate, amount and the pressure of speech. She also reported the complete absence of auditory hallucinations after sodhana. As severe stress was involved in the etiopathology of the condition, Shirodhara was administered for 7 days, considering its relaxant responses in Stress induced disorders. This procedure is reported to produce a released state of awareness, a total feeling of wellness and mental clarity. The centre of the forehead has close connections with Pineal gland and in the yoga tradition this spot is known as *Ajna Chakra*. The dripping of oil on the *Ajna Chakra* is proposed to have a meditation like effect leading to an adaptive response to the basal stress [28]. The informants reported significant reduction in anger, irritability and aggressive behaviour after *Shirodhara*.

On psychometric examination it was observed that, the symptoms such as tangentiality, flight of ideas and impairment in rate and amount of speech persisted. Attributing to the Vatha predominance of these symptoms and *Vasthi* being the important procedure in the pacification of Vatha, *Matravasthi* was administered for 7 days. In order to bring Vatha further to normalcy and to provide normalcy to *Shiras, Indriya* and other sense organs, *Sneha nasya* was performed for 7 days [29-31]. Counselling sessions were given to deal with her intellectual and behavioural issues. Counselling was provided to the parents also to make them aware about the importance of social support to be given while tackling the situation. There was considerable reduction in the scores of Brief psychiatry Rating Scale (BPRS) and Young Mania Rating Scale after the management. At the time of discharge following medicines were prescribed.

Conclusion

Ayurveda have always given due importance to the wellbeing of mind or mental faculties along with the physical components of health. Psychiatric ailments are discussed under the branch of *Bhutavidya* which put forth various idealistic modalities of treatment strategies in this respect. The disease entity, Unmada assembles a wide range of psychiatric ailments under one terminology. This case report summarizes a case of Schizoaffective disorder, maniac type, diagnosed as *Vatha Paittika Unmada* , and the subject was managed effectively with the selected treatment protocol. The protocol was aimed at bringing the vitiated *Tridoshas* to normalcy, and, supportive therapy in the form of counselling was also contributed. There were marked improvements in the hallucinations, delusions and maniac symptoms of the subject. Further research works and documentations are needed for the generalization of the results and to fill the gaps in the literature regarding Ayurvedic Psychiatry. Such studies will pave the way for the establishment of empathetic helping hands to a lot who suffers from various mental issues.

References

1. Miller JN, Black DW (2019) Schizoaffective disorder: A review. Ann Clin Psychiatry 31(1): 47-53.

2. Abrams DJ, Rojas DC, Arciniegas DB (2008) Is schizoaffective disorder a distinct categorical diagnosis? A critical review of the literature. Neuropsychiatric Disease and Treatment 4(6): 1089-1109.

3. Wilson JE, Nian H, Heckers S (2014) The schizoaffective disorder diagnosis: a conundrum in the clinical setting. European archives of psychiatry and clinical neuroscience 264(1): 29-34.

4. Cardno AG, Rijsdijk FV, West RM, Gottesman II, Craddock N, et al. (2012) A twin study of schizoaffective-mania, schizoaffective-depression, and other psychotic syndromes. American Journal of Medical Genetics Part B: Neuropsychiatric Genetics 159B(2): 172-182.

5. Wy TJP, Saadabadi A (2020) Schizoaffective Disorder. StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing.

6. Ahuja N (2011) A Short Textbook of Psychiatry. 7th (Edn.), Jaypee Brothers medical publishers, (p) Ltd, pp: 87.

7. Lopez-Fernandez E, Sole B, Jimenez E, Salagre E, Gimenez A, et al. (2018) Cognitive remediation interventions in schizoaffective disorder: A systematic review. Frontiers in psychiatry 4(9): 470.

8. Cascade E, Kalali AH, Buckley P (2009) Treatment of schizoaffective disorder. Psychiatry (Edgmont) 6(3): 15-17.

9. K R Srikanthamurthy (2009) Vaghbhata's Ashtanga Hrdayam Sutrasthanam. 6th (Edn.), Choukambha Krishnadas Academy, Varanasi, pp: 5.1/5.

10. Ācarya VYT (2015) Carakasaṃhita by Agnives'a with the Āyurveda Dīpika Commentary. Varanasi. Chaukhamba Sanskrit Sansthan 223: 7/5.

11. Schacter Daniel L, Gilbert DT, Wegner MD (2010) Psychological Disorders. Psychology 2nd (Edn.), Np: Worth, Incorporated, 14: 564-565.

12. Young RC, Biggs JT, Ziegler VE, Meyer DA (1978) A rating scale for mania: reliability, validity and sensitivity. British Journal of Psychiatry 133(5): 429-435.

13. Ācarya VYT (2014) Carakasaṃhita by Agnives'a with the Āyurveda Dīpika Commentary. Varanasi. Chaukhamba Sanskrit Sansthan 223: 7/6-1.

14. Ācarya VYT (2014) Carakasaṃhita by Agnives'a with the Āyurveda Dīpika Commentary. Varanasi. Chaukhamba Sanskrit Sansthan 223: 7/6-2.

15. Bhiṣagācarya HV (2011) AṣṭaṅgaHṛdayam composed by Vāgbhaṭa with commentaries of Arunadatta and Hemādri. 10th (Edn.), Varanasi: Choukhambha Orientalia 554: 1-58.

16. Chandrasekhar K, Kapoor J, Anishetty S (2012) A prospective, randomized double-blind, placebo-controlled study of safety and efficacy of a high-concentration full-spectrum extract of ashwagandha root in reducing stress and anxiety in adults. Indian Journal of Psychological Medicine 34(3): 255-262.

17. Prajapati S, Patel BR (2013) Phyto Pharmacological Perspective of Yashtimadhu Glycyrrhiza Glabra LINN A Review. Int J Pharm Biol Arch 4(5): 833-841.

18. Sethiya NK, Nahata A, Mishra SH, Dixit VK (2009) An update on Shankhpushpi, a cognition-boosting Ayurvedic medicine. Zhong Xi Yi Jie He Xue Bao 7(11): 1001-22.

19. Sreekantha Murthy KR (2000) Ashtanga Hrdaya CikitsaSthana. 4th(Edn.), Chaukambha Krishnadas Academy, Varanasi, pp: 406.14/34.

20. Cheppattu K (2009) Achyutha Varier. Ashtanga Hrdaya Uttara sthana. Edition reprint 13. Devi book stall, Kodungallur, 1: 98-99.6/26-30.

21. Ācarya VYT (1987) Carakasaṃhita by Agnivesa with the Āyurveda Dīpika Commentary. Varanasi: Chaukhamba Sanskrit Sansthan 29/119-120.

22. Krishnan KV, Pillai GSA (2016) Sahasrayogam (sujanapriya comm, Malayalam). 34th (Edn.), Alapuzha Vidyarambam Publishers Mullakkal, pp: 164.

23. Cheppattu K (2012) Achyutha Varier.Ashtanga Hrdaya Chikitsa Sthana. Edition reprint 13. 1st (Vol.), Devi book stall, Kodungallur 530: 2/7.

24. Sreekumar T (2011) Ashtanga Hrdaya of Vaghbhata. 3th (Edn.), Harisree Hospital, Thrissur: 1: 128.5/38-39.

25. Ācarya VYT (1994) Carakasaṃhita by Agnives'a with the Āyurveda Dīpika Commentary. Varanasi: Chaukhamba Sanskrit Sansthan, pp: 13/57-58.

26. Madhavi A, Shetty SK, Savitha HP, Hussain H (2016) A critical review on the usage of ghrita in unmade. J Biol Sci Opin 4(4): 148-52.

27. Ācarya VYT (2011) Carakasaṃhita by Agnives'a with the Āyurveda Dīpika Commentary. Varanasi: Chaukhamba Sanskrit Sansthan 93: 16/5-6.

28. Dhuri KD, Bodhe PV, Vaidya AB (2013) Shirodhara: A psycho-physiological profile in healthy volunteers. Journal of Ayurveda and integrative medicine 4(1): 40-44.

29. Gupta PK, Sigh RH (2001) A conceptual study on vasti effect. Ancient science of life 20(3): 54-59.

30. Pawar JJ (2016) Physiological action of Sneha Nasya-A critical review. Journal of Indian System of Medicine 4(4): 226-229.

31. Himasagara Chandra Murthy P (2001) Sarngdhara Samhita of Sarngdharacarya. 1st (Edn.), Choukambha Sanskrit Office, Varanasi, pp: 9/191-195.