

## Schizophrenia-A Case Study

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### I. INTRODUCTION

Schizophrenia is a clinically challenging condition for the physician who is characterized by disturbances in thought and behaviour, perception, affect, motor behaviour and relationship with external world. Treatment is usually for life time and often includes combination of medication, Psychotherapy and rehabilitation. It can be well addressed with the Ayurveda clinical parameters, assessing the shareerika evam manasika doshas, cause and severity of symptoms in the perspective of the condition of Unmada though the condition of Schizophrenia cannot be explained under a single category of Unmada or any other condition mentioned in classics, As per Acharya Charaka, Snehapana is indicated in Vataja unmada. If there is avarana from any other doshas, sasneham mrudushodhana has to be done. In Pittaja and Kaphaja Unmada, sodhana therapies like Vamana, Virecana, Nirooha and Nasya should be administered after doing snehana and svedana. Here is an attempt made to manage the disease without further worsening and to provide better quality of life to the patient with continuous medication.

### II. CASE REPORT:

A 25 year old Hindu divorced female from Mangalore (Karnataka) reported with her mother to Manasa Roga (Psychiatry) OPD of AAMC, moodbidre with an O.P No. 59645 on 29/07/2019 with the following complaints:

#### Chief Complaints-

He presented with lack of concentration in studies and regular work, Pain and numbness in left side of head, Lack of interest in goal directed activities, Intrusive negative thoughts, Frequently changing the job, Reduced interpersonal relationship. Suspicious about diseases and sudden questions, Repeated aggressive outbursts, Difficulty in initiating and maintaining sleep

#### History of present illness-

34 year old female patient was asymptomatic before 10 years. As per her mother's words she got married in the year of 2009 and got separated after one month. Thereafter she developed with repeated aggressive outburst, lack of concentration in work and started to change her job frequently. She also noticed change in her interpersonal relationships.

As per patient's words she got divorced after married life of 1 year. Thereafter she developed lack of concentration in work, irritability and feels that the people are against her. Also complaints of pain and numbness in the parietotemporal aspect of head. And believes that her mother is cursing her and her present condition is due to her curse. For all these complaints she has been taken to a psychiatrist and was under medication for the same for 5 years. Later on she reduced the dose of medicine and stopped taking it without any medical supervision. Thereafter all the complaints aggravated and she came here for further management.

#### Medical history:

Rapitry 4 mg (Risperidone + trihexyphenidyl)

#### Investigations:

Routine haematological and urine investigations were normal.

#### Systemic Examination-

Systemic examination was normal

#### Mental Status Examination:

General appearance & behaviour: well built, pt. looks anxious, hygienic, appropriate dressing, restless.

Attitude towards examiner was partially attentive.

Normal eye contact,

partially impaired comprehension.

Rapport was built only after repeated interrogations.

Speech – spontaneity noticed, pt. replies soon before the question is finished.

Rate: Rapid

Vol: audible

Mood and Affect:

Subjective Affect: lethargic, reduced interest in all activities

Objective Affect: same Mood as anxious.

Thought:

Stream of Thought: social in appearance

Content: loosing her charm day by day, Suspicious about diseases ,believes that her present condition is because of her mothers curse and one like her.

Perception:

mother and father trying to harass and abuse her.

Cognition:

consciousness: present

attention: less

concentration: intact

intelligence: impaired

Insight: Grade 2(awareness of being ill)

Judgment: intact

The Psychotic symptoms were assessed by Mental Status Examination

**Diagnosis and treatment given-** Based on the symptoms, diagnosis was made as vataja

Unmada with pitta avarana and treatment was followed as per Chikitsa Sutra

#### TREATMENT GIVEN

Date	Treatment	Observation
29/7/19-10/12/19	<ul style="list-style-type: none"> <li>• Mahakalyanakam ghrutha with warm milk (10 ml -0-10 ml</li> <li>• Manasamitra vati 1-0-1</li> </ul>	Sleep improved
ON ADMISSION	<ul style="list-style-type: none"> <li>▪ Talapothichil</li> <li>▪ Arohana Snehapana with maha kalyanaka ghrita(4 days)</li> <li>▪ Abhyanga with ksherabala taila for 3 days</li> <li>▪ Virechana with trivruth leha(50g) with warm milk</li> <li>▪ number of vega-12</li> <li>▪ Samsarjana krama for 5 days</li> </ul>	Insight -3 Sleep improved  Pricking type of pain in head reduced but still persists
FOLLOW UP 11/12/19	<ul style="list-style-type: none"> <li>▪ Cap Brahmi 2-0-2</li> <li>▪ Manasamitra vati 1-1-1</li> <li>▪ Smritisagara rasa 1-0-1</li> </ul>	Pricking pain and numbness in head reduced
FOLLOW UP 17/1 to 23/1/2020	<ul style="list-style-type: none"> <li>▪ Musthadi yapana basti (anuvasana with ksheerabala taila)</li> </ul> In yogabasti pattern	Aggressive outburst reduced Pricking pain and numbness in head reduced Intrusive negative thoughts reduced
FOLLOW UP 17/1 to 23/1/2020	<ul style="list-style-type: none"> <li>▪ Pratimarsha nasya with ksheerabala 101(2 drops)-for 7 days</li> </ul>	30% reduction in previous complaints

### III. RESULT

The treatment given as per the guidelines of Vatajaja Unmada in schizophrenia was effective in ,repeated aggressive outburst, fear of physical illness, insomnia, somatic symptoms like pricking pain in the head , Intrusive negative thoughts, guilt feelings. Though the disease was not completely cured but the patient improved moderately and was able to do her activities of daily living

### IV. DISCUSSION

In this case, treatment was planned based on the Chikitsa Sutra of Vataja Unmada which consists of Snehapana and Sasneham mrudushodhana, if there is avarana from any other doshas. Shodhana helps in Manah Prasada, Smriti vardhana and acts on Vata which in turn controls Mana.Virechana is selected here because dalhanacharya has commented that pittadarakala and majjadharakala are one and the same and mastulunga is consider as masthishka majja. In 2nd admission, Mustadi Yapana Basti was planned which consists Niruha with Mustadi kashaya and

Anuvasana with maha narayana taila for 8 days in the form of Yoga Basti. Vata controls the body by sanghata and vighata. vata aggravated alone or along with other doshas, at its own site, basti eliminates these doshas and does anulomana of vata. by this pacification of pakwashayagata vata occur and all diseases caused by vata get pacified (charakasiddhi). The Dravyas used for Basti are Vatahara, Medhya and Buddhivardaka property indicated in Unmada. There after brihmana nasya is adopted which is again vatashamaka. Shamanaoushadi (palliative treatment) includes the Manasamitravati and brahmi are indicated in Unmada.

#### V. CONCLUSION

Schizophrenia is a challenging disease to treat. Ayurvedic guidelines consisting of Snehapana, Mrudu shodhana, Basti, Nasya Medhyarasayana have shown reduction in symptoms of schizophrenia and improving the quality of life.

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