



Case Study

## AYURVEDIC MANAGEMENT OF SCHIZOPHRENIFORM DISORDER

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### ABSTRACT

Schizophreniform disorder shares characteristic symptoms identical to that of schizophrenia, but is distinguished by its difference in duration. An 18-year-old male patient was admitted in the Government Ayurveda Research Institute for Mental Health and Hygiene, Kottakkal, with increased fear, reduced sleep and food intake, not mingling to other people for the past one month. In Ayurveda the psychotic features are enlisted under the term *Unmada*. *Unmada* is defined as perversion in *Manas*, *Budhi*, *Samjnajana*, *Smruthi*, *Bhakthi*, *Seela*, *Cheshta* and *Achara*. Management of *Unmada* is done based on the predominance of *Dosha* involved in the pathogenesis. *Sodhana*, *Samana* and *Satwavajaya* are included in the management of *Unmada*. The patient was treated on an IP level with a combination of Ayurvedic internal medications and procedures for 45 days. The treatment protocol including *Thalapothicil*, *Snehapana*, *Virechana*, *Vasti*, *Kashaya dhara*, *Nasya* and *Anjana* were administered. PANSS was used to evaluate the symptoms before and after the treatment. There was a significant reduction in score from 86 to 30 after the intervention with improvement in the condition and insight. This case report shows the importance of the effective management of Schizophreniform disorder with Ayurvedic treatment procedures and medicines.

### INTRODUCTION

Schizophreniform disorder is included under schizophrenia spectrum and other psychotic disorders in DSM V. The characteristic symptoms of schizophreniform disorder are identical to those of schizophrenia. Two or more of the symptoms including delusions, hallucinations, disorganized speech, catatonic behaviour, negative symptoms with two or more of the symptoms, each present for a significant portion of time during a one-month period and at least one of these must be delusions, hallucinations or disorganized speech. Schizophreniform disorder is distinguished from schizophrenia by its difference in duration.

The total duration of the illness, including prodromal, active, and residual phases is at least one month but less than six months.<sup>[1]</sup>

*Unmada* is the umbrella term used to explain psychotic presentations in Ayurveda. Based on the *Dosha* predominance, it is classified into *Vata*, *Pitta*, *Kapha*, *Sannipathika* and *Aganthuja*. *Manovahasrothas*<sup>[2]</sup> and *Manasika dosha* including *Rajas* and *Tamas* are involved in pathophysiology of *Unmada*. Vitiated *Dosha* in an *Alpa satwa* individual resulting in *Ashtavibhrama* finally leads to manifestation of *Unmada*.<sup>[3]</sup>

### Clinical Presentation with History

An 18-year-old male, was presented in OPD with complaints of increased fear, reduced sleep and reduced food intake for the past 1 week. He was the first child of non-consanguineous parents, was a preterm baby born through LSCS with a birth weight of 1.5kg, he was kept in NICU for 9 days and all the developmental milestones were delayed. He attained sitting at age of 1.5 years, speech at 3 years and underwent Ayurvedic *Panchakarma* treatment and

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walking was attained at 7 years of age, and has locomotor disability. He started schooling in a regular school and was good at extracurricular activities including singing. He passed S.S.L.C with the help of scribe and joined for higher secondary education and is currently studying in plus one. One month back, he went for attending festival at temple near to his home, and actively attended festival along with father for 7 days. During these days he had sleep deprivation due to works there, and on the last day he had an episode of acute fear after seeing flambeau. He started saying that he saw lord *Ayappa* in flambeau. He was happy during that time but one-week later parents started noticing reduced sleep, water and food intake. He was consulted in a nearby hospital and was later hospitalized for 10 days. During the hospital stay period, he had increased fear towards paramedical staff who insisted him to take medicine, which worsened the condition. By the time sleep was attained only on medications. He was discharged from hospital with follow up medicines for one week. While taking medicines, he was drowsy and inactive all the time a day, and after stoppage of medicine he started developing increased fear towards strangers, darkness, recurrently saying *Ayappa* and thus brought for further management and was admitted in IPD of Government Ayurveda Research Institute for Mental Health and Hygiene.

### Family History

No relevant psychiatric history noted in the family

### General and Systemic Examination

The patient was moderately built and nourished with pulse rate of 72/min, Blood Pressure 100/80mmHg, Respiratory rate 16/min and body weight of 54kg. There was no pallor, icterus, clubbing, cyanosis, generalised lymphadenopathy or oedema. On Respiratory system examination, air entry was bilaterally equal with no added sounds. On CVS system examination, S1 and S2 were heard with no murmurs; soft and non-tender abdomen with no palpable organomegaly on GIT examination.

### Mental Status Examination

The patient was well built and well-nourished with dressing and appearance congruent to the setting. He was conscious, oriented to time, place and person. Eye contact was not maintained and rapport was not established. He was repeatedly saying '*Ayappa*', with irritable mood and increased psychomotor activity. Persecutory ideas were present with visual hallucinations including seeing lord *Ayappa*. Judgement was found to be impaired and insight was graded as one.

### Treatment History

Patient was hospitalised in psychiatric department of allopathic hospital for 10 days and was managed with antipsychotics, benzodiazepines and other supportive measures. He was discharged with following medications for one week:

1. Tab Respidon 1mg -0- 2mg
2. Tab Pacitane 2mg 1-1-0
3. Tab Zapiz 0.25mg 1-0-1
4. Tab Cremalax 10mg PRN

### Ayurvedic Clinical Examination

*Dasavidha pareeksha* was performed in the patient and following observations were noted. *Shareerika prakriti* was assessed as *Kapha Pitta* and *Manasika Prakriti* as *Rajasa Tamasa*. There were *Vata-pitta* predominant symptoms initially including restlessness, agitation and expressing extensive fear. He belonged to *Sadharana desha* and the *Kala* was *Hemantha*. He was having *Avara satwa* and both *Abhyavaharana sakthi* and *Jarana sakthi* were found to be *Madhyama*. *Manovahasrothas* was involved in the pathology and *Asta vibhrama* mentioned in the context of *Unmada* were assessed. *Vibhrama* in *Manas* was present as there was impairment in *Manonigraha*, *Indaiyabhigraha*, *Ooha* and *Vichara*. Impairment in *Budhi*, *Samjna*, *Smruthi*, *Bhakthi sheela*, *Chesta* and *Aachara* were present.

### Diagnosis and Assessments

The patient had shown symptoms of schizophrenia, however the duration criteria was not met for schizophrenia and hence diagnosed as Schizophreniform disorder. PANSS score obtained initially was 86.

		BT	AT
P1	Delusions	6	1
P2	Conceptual disorganisation	1	1
P3	Hallucination behaviour	4	1
P4	Excitement	1	1
P5	Grandiosity	1	1
P6	Suspiciousness/persecution	4	1
P7	Hostility	1	1

N1	Blunted affect	1	1
N2	Emotional withdrawal	1	1
N3	Poor rapport	7	1
N4	Passive/apathetic social withdrawal	7	1
N5	Difficulty in abstract thinking	7	1
N6	Lack of spontaneity and flow conversation	7	1
N7	Stereotyped thinking	1	1
G1	Somatic concern	1	1
G2	Anxiety	1	1
G3	Guilt feeling	1	1
G4	Tension	1	1
G5	Mannerisms and posturing	1	1
G6	Depression	1	1
G7	Motor retardation	5	1
G8	Uncooperativeness	6	1
G9	Unusual thought content	1	1
G10	Disorientation	1	1
G11	Poor attention	1	1
G12	Lack of judgement and insight	1	1
G13	Disturbance of volition	7	1
G14	Poor impulse control	1	1
G15	Preoccupation	1	1
G16	Active social avoidance	7	1
	Total Score	86	30

### Management

As per the initial assessments, a treatment plan was formulated and executed as given below. The following internal medications were administered during the hospital stay:

- 1) Special powder (*Sarpagandha churna* + *Sweta sankhupushpi churna* + *Gokshura churna*)- 1gm twice daily after food with lukewarm water.
- 2) *Sweta sankhupushpi churna*+ *Yashti churna* - 1/2 tsp bd daily after food with lukewarm water.
- 3) *Mahapaishachika ghritha* <sup>[4]</sup>- 1 tsp bedtime after food

Treatment	Days	Medicine	Rationale	Remarks
<i>Thalapothishi (Sirolepa)</i>	7	<i>Purana dhathri, Mustha, Guluchi</i>	<i>Pittahara</i>	Fear got reduced and started to mingle with others.
<i>Rookshana</i>	2	<i>Gandharvahastadi Kashaya</i> <sup>[5]</sup> 60ml bd <i>Shaddharana</i> <sup>[6]</sup> tab 1-0-1 <i>Mustarishtam</i> <sup>[7]</sup> - 25ml bd <i>Brihat vaiswanara churna</i> <sup>[8]</sup> 3gm bd before food	<i>Rookshana</i>	<i>Rookshana</i> prior to <i>Snehapana</i> . Appetite improved
<i>Snehapana</i>	6	<i>Kalyanaka ghritha</i> <sup>[9]</sup> (30ml-	<i>Unmadahara,</i>	<i>Samyak snigdha lakshana</i> attained on 6 <sup>th</sup> day (presence

		140ml)	To address psychotic symptoms	of <i>Sneha</i> in stool, <i>Klama</i> , <i>Aruchi</i> ). He started developing self-talk and aggressive behaviour after <i>Snehapana</i> .
<i>Abhyangam + Ushma sveda</i>	3	<i>Dhanwanthara thaila</i> <sup>[10]</sup>	Indicated in <i>Unmada</i>	For attaining <i>Vilayana</i> or <i>Draveekarana</i> of <i>Dhatugata doshas</i> .
<i>Virechana</i>	1	<i>Avipatti churna</i> <sup>[11]</sup> - 20gm	<i>Koshtasudhikara</i>	Patient comfortable, 6 <i>Vegas</i> obtained
<i>Yogavasti</i>	8	<i>Snehavasti - Kooshmanda swarasa ghritha</i> <sup>[12]</sup> – 80ml <i>Kashayavasthi- Erandamooladi</i> <sup>[13]</sup> <i>Kashaya</i> - 720ml	<i>Manaprasadak ara</i>	Patient was irritated after <i>Vasti</i> , had increased anger, using abusive words.
<i>Kashayadhara (Sirodhara)</i>	7	<i>Purana dhathri, Guluchi, Musta</i>	<i>Pittahara</i>	Patient became calm and started obeying parents
<i>Nasya</i>	3	<i>Vilwadi gulika</i> <sup>[14]</sup> – 1ml in each nostril	<i>Seshadosha hara</i>	Self-talk, self-laugh reduced
<i>Anjana</i>	3	<i>Vilwadi gulika</i>	<i>Seshadoshahara</i>	Self-talk, self-laugh reduced
<i>Dhupana</i>	5	<i>Haridra, Daruharidra, Kushta, Vacha, Jadamanchi</i>	<i>Unmadahara</i>	Psychotic features reduced

### Internal Medicines at the Time of Discharge

After the treatment protocol, following medicines were given as discharge medicines.

1. *Sarpagandha churna + Swetha sankhupushpi + Gokshura churna* - 0.5gm twice daily with lukewarm water after food
2. *Swetha shankhupushpi churna + Yashtimadhu churna* – 2.5gm twice daily 10 am & 4 pm
3. *Kalyanaka ghritham*- 1 tsp at night
4. *Saraswatha churna*<sup>[15]</sup> – 1 tsp with honey OD
5. *Ksheerabala thailam*<sup>[16]</sup> (head)- external application
6. *Geneikot* syrup 1 tsp twice daily after food

### RESULTS

At the time of discharge hallucinations were reduced considerably, insight was improved to Grade 6, mingling with others were found to be improved with reduced anger and reduced use of abusive words towards family members. Self-talk reduced and goal-oriented thoughts were developed. In PANSS, positive symptoms score reduced to 7 from 18, negative symptoms score to 7 from 31 and general psychopathology scale to 16 from 37, and there was an overall change in score from 86 to 30.

### DISCUSSION

The development of schizophreniform disorder is similar to that of schizophrenia. The diagnostic criteria for schizophreniform disorder and schizophrenia differ primarily in duration of illness. Total duration of illness, including prodromal, active,

and residual phases is at least one month but less than six months.

*Unmada* is the broad term used to explain psychotic symptoms in Ayurveda. It is defined as the condition where *Ashtavibhramas* occur, i.e., perversion of *Manas, Budhi, Samjna, Jnana, Smriti, Bhakti, Sheela, Chesta* and *Achara*. *Avara satwata, Tamasika manasa prakrithi*, sleep deprivation contributed as etiological factors, causing vitiation of *Doshas*, leading to *Sthanasamsraya* in *Manovahasrothas* residing in *Hridaya* causing *Unmada*. Even though all the 3 *Dosha* have role in disease causation, *Vata* is important among these.

Classical treatment of *Unmada* is based on the *Dosha* involved in it. *Snehapana* is the foremost among treatment in *Vatika unmada*, *Unmada* caused due to *Avarana, Snehana* followed by *Mrudu sodhana* is done. *Virechana* and *Vamana* are done in *Paittika unmada* and *Kaphaja unmada* respectively. After *Sodhana* procedure, *Samsarjana krama* is advised, followed by *Vasti* and *Nasya*.

In this case of Schizophreniform disorder, as the patient was initially presented with excessive fear and was not cooperative to lie down for procedure, *Thalapothichil (Siro lepa)* was done instead of *Dhara*. After doing *Thalapothichil* fear was found to be reduced, and improvement noted in mingling with others. Then *Rookshana* was done using *Gandharvahastadi Kashaya* and *Shaddharana* tablet and *Mustarishtam*. As

psychotic features are present *Snehapana* was done using *Kalyanaka ghritha* in *Arohana mathra* from 30ml – 140ml, followed by *Abhyanga* and *Ushmasweda* with *Dhanwanthara thaila* which is indicated in *Unmada*. Self-talk, self-laugh and aggressive behaviour was found to be increased after *Snehapana*. As *Pitta* was suspected in *Koshta*, *Virechana* was done using *Avipatti churna*. *Yoga vasthi* was done, *Snehavasthi* using *Kooshmanda swarasa ghritha* and *Erandamooladi* for *kashayavasthi*. Patient was extremely irritated during *Vasthi* and was using abusive words towards family members. Due to increased agitation and aggressiveness, patient was not cooperative to take medicine, not getting up from bed, thus *Kashayadhara* was done for 7 days after *Vasthi*. After this patient becomes calm, started behaving normally, become active in singing and other activities. Then *Nasya* and *Anjana* were done for 3 days with *Vilwadi gulika* for 3 days for removing *Seshadosha*. *Haridradi dhupana* was done along with procedures to address the psychotic features present.

Internal medicines include combination of *Sarpagandha churna*, *Swetha shankhupuspi churna* and *Gokshura churna* at a dose of 1gm twice daily after food. This was given to address the restlessness and irritability. As he had deprived sleep, combination of *Swetha shankhupushpi churna* and *Yasti churna* was given at dose of 5gm twice daily after food. *Mahapaishachika ghritha* at a dose of 10gm at night was given to address the excessive fear expressed by the patient.

Discharge medicines included the same medicines as that of internal medicines except *Mahapaishachika ghritha*. Instead of *Mahapaishachika ghritha*, *Kalyanaka ghritha* was given, as psychotic features including self-talk and self-laugh were exhibited during the hospital stay. *Saraswatha churna* and *Geneikot syrup* were added to improve the intellect. *Ksheerabala thaila*, was given for head application which is *Vatapittahara* in action.

## CONCLUSION

Characteristic symptoms of schizophreniform disorder are identical to those of schizophrenia and is differentiated from schizophrenia by its difference in duration, should be at least one month but less than 6 months. *Unmada* is a broad umbrella term used for psychiatric diseases in Ayurveda. Symptoms are categorised under 8 *Vibhrama*, which is essential for diagnosis of *Unmada*. Treatment of *Unmada* is planned based on predominance of *Doshas* involved in *Samprapthi* of disease. In this case, *Vata-pitta* predominant symptoms were present at the time of admission and were managed effectively with Ayurveda protocol. This case reports shows

importance of Ayurveda treatment protocol in the management of schizophreniform disorder.

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