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Case Study

MULTIMODAL THERAPEUTIC APPROACH IN PROLONGED GRIEF DISORDER

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ABSTRACT

Prolonged Grief Disorder (PGD) is characterized by intense, persistent grief that impairs an individual's ability to function. PGD stands out due to the chronic nature of emotional distress, lasting beyond culturally appropriate mourning periods. If left untreated, PGD can lead to complication such as depression, suicidal thoughts or behaviours, anxiety and sleep disturbances. CBT is the prime choice for management, high dropout rates and longer follow-up make the condition challenging. A multimodal approach including Ayurvedic medicines, yoga, psychotherapies are observed as effective in PGD based on the principles of *Unmada chikitsa.* Three female patients presented with yearning, preoccupation with the deceased, emotional numbness, and difficulty moving forward with life for more than one and half years. They were diagnosed as PGD as per the DSM V - TR criteria. Ayurvedic management included medicines on a conditional basis along with the same, Jacobson Progressive Muscle Relaxation and yoga was also administered. The assessments were done on 0th day and 21st day with Brief Grief Questionnaire, Hamilton anxiety rating scale and Hamilton depression rating scale. Participants revealed improvement in functional capacity, emotional regulation. Changes noted in both biological and psychological symptoms of grief. There was reduction in the scores of all the scales on assessment. This case series highlights the importance of multimodal approach including Ayurvedic pharmacotherapy in PGD to mitigate the long-term psychological and social impacts of unresolved grief.

INTRODUCTION

Prolonged Grief Disorder (PGD) is a recently recognized mental health condition that affects individuals who experience intense and debilitating grief long after the loss of a loved one.[1] unlike typical grief, which often diminishes over time, PGD persists, impeding daily functioning and overall well-being. This condition is now officially acknowledged in diagnostic manuals, including the DSM-5 and ICD-11, underscoring the need for targeted interventions.[2,3] The recognition of PGD is significant in the mental health field as it distinguishes between normal grieving processes and those that become chronic and inflexible.

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Physiologic stress resulting from intense grief can have a wide range of consequences. Increased cardiovascular and cerebrovascular events have been associated with intense grief, in some cases leading to myocardial infarctions or cardiomyopathy.[1] CBT is considered as the treatment option with pharmacotherapy for the associated symptoms.[4] But early drop outs in CBT and marked adverse effect of pharmacotherapy points to scope of alternative interventions.

Ayurveda categorizes diseases according to their site of manifestation namely *Manasa or Manoadhisthita* (psychiatric disorders), *Sharira or Shariradhisthita* (somatic diseases) and *Ubhayadhisthita* (psychosomatic). Considering Ayurvedic principles, PGD can be considered under *Unmada*. It is a significant psychological disorder classified by Ayurveda as *Ubhayadhisthita vikara*. *Unmada* is defined as the *Vibrama avastha* (confused stage) of eight factors including *Manas* (mind), *Buddhi* (intelligence), *Samjna-Jnana* (orientation), *Smriti*

(memory), *Bhakti* (devotion), *Sheela* (manners), *Chesta* (sensory and motor functions), and *Achara* (behaviour).[5]

Aadija unmada a subtype of *Unmada* where an individual feels an intense sorrow arising out of different loss.[6] The management includes medicines, *Satwavajaya chikitsa* as well as *Santhwana* and *Aswasana*.

Patient Information

Case 1

A 36-year-old female attended the hospital's outpatient department with complaints of fear of travelling in car, intense sorrow, increased tension for 2 years associated lack of sleep, increased worries, difficulty doing things due to a lack of energy. The symptoms started after the demise of her husband in an accident. She was married to another person one year back, but she can't move on from the memories of her first husband. She always talk about him and frequently sees him in her dream. All these factors affected her physically and mentally. Initially, she was on allopathic drugs for her anxiety and dropped it after 2 months due to increased fatigue. For the past 3 months the symptoms affected her daily life for that she consulted at the hospital.

Case 2

A 38 year-old female consulted in OPD for her excess tension and irritability and reduced sleep. She also complained of uncontrolled anger and decreased concentration. She has been experiencing these symptoms from 3 years after her husband died due to Covid - 19. She was a teacher by profession and had a son. She was also complaining of severe headache, body ache and always felt fatigue. Her absent mindedness and over thinking about the past life with her husband made less productive in work and personal life.

Case 3

A 50 years old female who was divorced and stayed along with her mother and brother's family. She experienced lack of attention and concentration, decreased sleep, loss of interest in daily activities after the demise of her younger brother, one and half year back. She was able to hear his voice and used to see him in room. She worried about his wife and daughter. She was working as a lab technician, for past months she experienced loss of interest in work and personal life and always was thinking about her brother.

Clinical Findings

The Ayurvedic examination is detailed in table no.1.

Table 1: *Dasavidha pareeksha*

	Case 1	**Case 2**	**Case 3**
Dosha	*Vata, Pitta*	*Vata, Kapha*	*Vata, Kapha*
Dhatu	*Rasa, Rakta*	*Rasa, Rakta*	*Rasa, Rakta, Asthi*
Bhoomi desa *Deha desa*	*Sadarana* *Sarvasareera, Manas*	*Sadarana* *Sarvasareera, Manas*	*Sadarana* *Sarvasareera, Manas*
Rogabala	*Pravara*	*Pravara*	*Pravara*
Rogibala	*Avara*	*Madhyama*	*Madhyama*
***Kalam** - kshanadi* *Vyadhyavastha*	*Greeshma*	*Varsha*	*Varsha*
	Purana	*Purana*	*Purana*
Anala	*Vishama*	*Manda*	*Manda*
Prakruthi *Deha* *Manasa*	 *Vata kapha* *Rajasa tamasa*	 *Vata kapha* *Rajasa tamasa*	 *Vata kapha* *Rajasa tamasa*
Vaya	*Madhyama*	*Madhyama*	*Madhyama*
Satwa	*Avara*	*Madhyama*	*Madhyama*
Satmya	*Katu, lavana*	*Katu, madhura*	*Sarvarasa satmya*
Abhyavaharana *Jarana*	*Madhyama* *Madhyama*	*Madhyama* *Avara*	*Madhyama* *Avara*

The specifics of mental status examination of the three cases are enlisted in Table 2.

Table 2: Mental Status Examination

	Case 1	Case 2	Case 3
General appearance and behavior, Grooming and dressing	Lean Well	Well built Well	Well built Well
Facial expression	Sad	Sad	Sad
Eye contact	Maintained	Maintained	Maintained
Attitude towards examiner	Co-operative	Co-operative	Co-operative
Comprehension	Impaired	Impaired	Impaired
Gait and posture	Normal	Slow	Normal
Motor activity	Reduced	Reduced	Reduced
Social manner	Appropriate	Appropriate	Appropriate
Rapport	Established	Established	Established
Mannerisms	Nil	Nil	Self-muttering
Speech	Over talkative High pitch Increased volume Reduced reaction time	Reduced speech Decreased rate Low volume Increased reaction time	Reduced speech Decreased Low volume Increased reaction time
Mood	Sad	Sad	Sad
Affect	Sad	Anxious	Anxious
Thought	Normal Content about husband and their past life	About past memories	Lack of self-esteem, over thinking about brother and family
Perception	normal	normal	Bereavement hallucinations- auditory and visual
Cognition	Conscious Oriented	Conscious Oriented	Conscious Oriented
Attention & Concentration	Impaired	Impaired	Impaired
Memory Immediate Recent Remote	Impaired intact intact	Intact intact intact	Intact intact intact
Intelligence	Intact	Intact	Intact
Abstract thinking	Intact	Intact	Intact
Reading and writing	Normal	Normal	Normal
Visuo -spatial ability	Intact	Intact	Intact
Insight Judgment Impulsivity	grade 5 intact absent	grade 5 intact absent	grade 5 intact absent

Diagnostic Assessment

Three cases were fulfilling the DSM V- TR diagnostic criteria of PGD. The assessment was done with HAM- A, HAM-D and Brief Grief questionnaire. (Table no.3)

Table 3: Assessment

Scales	HAM A		HAM D		Brief grief questionnaire	
Day of assessment	BT 0th day	AT 21st day	BT 0th day	AT 21st day	BT 0th day	AT 21st day
Case 1	25	19	23	16	7	4
Case 2	20	16	28	16	6	3
Case 3	23	18	32	17	8	4

Therapeutic Intervention

Table 4: Intervention

	Interventions	Case 1	Case 2	Case 3
First week	Internal medications	*Drakshadi Kashaya, Aswagandha-yashti-aparajitha churna*	*Gandharvahasthadi Kashaya, Aswagandha-jadamamsi- aparajitha churna*	*Gandharvahasthadi Kashaya H.T Kot tablet 1-0-1*
	Procedures	*JPMR* (Jacobson's Progressive Muscle Relaxation) *Nadeesudhi pranayama*	*JPMR Nadeesudhi pranayama*	*JPMR Nadeesudhi pranayama*
Second week	Internal medications	*Drakshadi Kashaya, Aswagandha-yashti - Aparajitha churna*	*Gandharvahasthadi Kashaya, Aswagandha-Jadamamsi- Aparajitha churna*	*Drakshadi Kashaya, H.T Kot tablet 1-0-1*
	Procedures	*JPMR, Nadeesudhi pranayama, Sukshma vyayama*	*JPMR, Nadeesudhi pranayama, Sukshma vyayama*	*JPMR, Nadeesudhi pranayama, Sukshma vyayama*
Third week	Internal medications	*Drakshadi Kashaya, Aswagandha-yashti-Aparajitha churna*	*Drakshadi Kashaya, Aswagandha- Jadamamsi-Aparajitha churna,*	*Drakshadi Kashaya, H.T Kot tablet 1-0-1*
	Procedures	*JPMR, Nadeesudhi pranayama, Sukshma vyayama, Padahasthasana, pavanamukthasana*	*JPMR, Nadeesudhi pranayama, Sukshma vyayama, Padahasthasana, pavanamukthasana*	*JPMR, Nadeesudhi pranayama, Sukshma vyayama, Padahasthasana, pavanamukthasana*

DISCUSSION

Case 1

The patient was with more of *Vata pitta dosha* predominance. Disturbed sleep and was also associated with anxiety. The choice of internal medicine was *Drakshadi Kashaya which is Vata pitta hara*. To address the anxiety and concentration issues, *Aswagandha-yashti- aparajitha churna* combination were given. JPMR and *Nadeesudhi* pranayama also suggested as add on therapy. Patient reported improvement in sleep, appetite was also increased, and fear and anxiety reduced, can do the household works and was taking care of family members, had positive feeling towards new life and had less talks regarding her first husband. Fear to travel in car also reduced.

Case 2

For the correction of digestion and considering *Anulomana* of *Apana vayu*, medicine started were *Gandharvahasthadi Kashaya, Aswagandha- Jadamamsi-Aparajitha churna* for this patient. In the first week, sleep and appetite improved, mind became calm, loss of interest persisted, after continuing it to the next week, depressive thoughts reduced. After the correction of *Agni*, medicine was changed to *Drakshadi* Kashaya to reduce the underlying anxiety. In the 3rd week patient reported positive feeling towards life and career and was able to take care of son.

Case 3

To address the *Apana vayu vaigunya* and also considering hypertension, the medicine selected were *Gandharvahasthadi Kashaya* and H.T Kot tablet one tablet twice daily. After one week, her sleep improved, head ache reduced, self-muttering persisted. The drug was changed to *Drakshadi Kashaya* for the associated anxiety and distress then after a week, seeing and hearing voices of brother was absent than the previous week, productivity increased and 3rd week reported that she was involved in self-care and family and able to do her job.

JPMR and Yoga were administered in common to 3 cases. JPMR can strengthen the effect of therapeutic interventions by reducing stress and enhancing the coping strategies. JPMR helps individuals become more aware of their body's tension and teaches them how to relax, ultimately leading to reductions in both psychological and physical symptoms of anxiety. The evidence supports JPMR as an effective, accessible, and low-cost intervention for managing anxiety in various populations.

Nadeesudhi pranayama from yoga is effective in reducing anxiety, likely due to its calming effect on the autonomic nervous system and its ability to regulate the breath-mind connection. By administering *Sookshma vyayama,* focusing on gentle, mindful movements and breathing, this practice helps the individuals to release physical tension and develop greater emotional stability.

CONCLUSION

PGD, a condition that emerges in some people following the loss of someone so close, is characterized by persistent, intense yearning or preoccupation with the deceased that impedes the individual's ability to function or find meaning in life for an extended period. The multi model approach including Ayurvedic medicines, JPMR and yoga was found to be effective in reducing the symptoms as well as improved QOL.

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