



Ayurvedic Management of Schizoaffective Disorder – A Case Report

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ABSTRACT: Schizoaffective disorder is classified under the schizophrenia spectrum and other psychotic disorders in DSM V. It is characterized by a predominance of affective and psychotic symptoms, as well as characteristics of both mood disorders and schizophrenia. A 22-year-old male was presented in the Manassanthi OPD of V.P.S.V. Ayurveda College Kottakkal with complaints of increased thoughts and tension for the past two years aggravated for the last month. As per the informant, he was having irrelevant talk, behavioral issues, a wandering nature, increased anger and decreased concentration for the past month. As affective symptoms were present along with the active phase symptoms of schizophrenia, diagnosis was made as schizoaffective disorder based on DSM V diagnostic criteria. The case was diagnosed as *vaata-paittika unmaada*. Accordingly, he was admitted in the IPD of V.P.S.V. Ayurveda College hospital and was treated with ayurvedic internal medications and procedures including *udvartana*, *snehapana*, *virecana*, *abhyanga*, *ooshmasveda*, *sirodhaara* and *nasya*. Significant improvements were noted in Young Mania Rating Scale and Positive and Negative Syndrome Scale recorded before and after the management protocol.

Key words: Schizoaffective disorder, Vatapaittika unmaada ayurvedic management

INTRODUCTION

Schizoaffective disorder is included under the schizophrenia spectrum and other psychotic disorders in DSM V. It is characterized by the presence of features of both schizophrenia and mood disorders and has a prominence of both psychotic and affective symptoms. Two subtypes of schizoaffective disorder are mentioned in DSM V, which include bipolar type and depressive type. Approximately 30% of cases occur between the ages of 25 and 35, with a lifetime prevalence of 0.3%, more frequently affecting women than men.

The etiopathology of schizoaffective disorder is not fully understood. Studies suggest a genetic link, abnormalities in neurotransmitters (dopamine, norepinephrine, serotonin), white matter abnormalities, reduced hippocampal volumes and

distinct deformations in thalamic regions. Cognitive impairments, particularly in memory, executive functions, cognitive flexibility, reasoning and problem-solving, contribute to reduced occupational and social functionality. Treatment typically involves antipsychotics, mood stabilizers, anxiolytics and sedatives.

Schizoaffective disorder is characterized by presence of psychotic symptoms which can be explained under *ashṭa vibhrama* explained in *ayurveda*. This *ashṭa vibhrama* leads to manifestation of *unmaada*. Hence, schizoaffective disorder can be included under the term *unmaada* in *ayurveda*.

Use of antipsychotics is the line of treatment in conventional psychiatric management. But the adverse effects include development of extrapyramidal symptoms, weight gain, sedation

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etc. leading to poor quality of life. Ayurvedic line of management include *sodhana* and *samana cikitsa*, where along with management of psychotic symptoms it ensures an improved quality of life.

CLINICAL PRESENTATION WITH HISTORY

A 22-year-old male, was presented in OPD of V.P.S.V. Ayurveda College Kottakkal with complaints of increased thoughts and tension for past two years aggravated for last one month. As per the informant he was having irrelevant talk, behavioral issues, wandering nature, increased anger and decreased concentration for the past one month. He was the second child and one among twins of non-consanguineous parents, born through full term normal delivery with normal developmental milestones. His twin brother was always given priority than him childhood onwards. He developed a fracture in lower limb at his 9 years of age, even after healing of fracture he started walking after a consultation with psychologist. He was good at studies and was doing postgraduation in a reputed institute. During this period, he had sleep deprivation for 2-3 days due to hospitalization of his friend and developed impaired orientation and was doing irrelevant activities. Allopathic psychiatric consultation was taken and he became normal. In 2020, while he was quarantined, he developed irritability, increased thoughts and feelings of loneliness. About two years back while he was riding bike, felt a black out and met with an accident. He was on rest for the next six months and again developed increased thoughts and feeling of loneliness. He took an allopathic inpatient psychiatric admission and medications. After the completion of course, he was working as an internee in an institution where he had hectic and stressful working pattern. One day he and his colleagues entered into a non- entry area of institution and were questioned by superior officers. After that he started feeling that someone

following him, increased thoughts, even while reading newspaper. He once again started antipsychotics and were stopped on relief. About 20 days back, following the death of his maternal grandfather he started behaving abnormal, including irrelevant talk, eating food again without knowing whether taken before, and forgetting places including where he parked his bike and searching it. He felt increased fatigue and decreased productivity on allopathic medication and was admitted for ayurvedic management on his own will.

Family History

No relevant psychiatric history noted in the family

General Examination and Personal History

The patient was moderately built and nourished with a pulse rate of 72/min, blood pressure of 120/80 mm Hg, and respiratory rate of 16/min. There was no pallor, icterus, clubbing, cyanosis, or generalized edema. He had having good appetite with regular bowel habits. He was having altered sleep habits. (He required decreased need for sleep, even though he didn't sleep properly didn't feel fatigue after waking up.) There was no addiction to alcohol or substance.

Treatment History

Patient took conventional psychiatric OP consultation three times and was on medications. He was admitted in a hospital for the same complaints, but information about which are all medicines was not obtained.

Mental Status Examination

On assessing mental status examination of the patient, he was well dressed and cooperative towards the examiner, gait and posture were normal, motor activity was increased, and social manner with normal eye contact was maintained. Rapport was established. On assessing speech, rate and quantity were increased, volume and tone were normal, and flow and rhythm were continuous with the pressure of speech present.

Mood and affect were found to be elated at the time of examination. Also, mood and affect were congruent. Stream and form of thought were continuous with no circumstantiality and flight of ideas. Delusion of persecution was present in the content of thought. No auditory hallucinations or illusions were reported. In cognition, the patient was found to be alert, and oriented to time, place and person, but impairment in place orientation was present occasionally. Attention, concentration and general intelligence were intact along with abstract thinking, reading and writing ability and visuospatial ability. Immediate retention and recall, recent memory and remote memory were intact. Insight was found to be grade 5 and judgment was intact. Impulsivity was absent.

AYURVEDIC CLINICAL EXAMINATION

Table 1 <i>Dasavidha pareeksha</i>	
Dosha	Vaata Pitta (sareerika)Rajas-tamas (maanasika)Dooshya- Rasa
Deṣa	Bhoomi- JaangalaDeha – Sarvaṣareera, manas
Bala	Roga-PravaraRogi - Avara
Kaala	Kshanaadi - varshaaVyadhyavastha - Puraṇa
Anala	Sama
Prakṛti	Pitta vaata
Vayah	Madhyama
Satva	Avara
Saatmya	Sarva-rasa saatmya
Aahaara	Abhyavaharaṇa-sakti- MadhyamaJaraṇa sakti - Madhyama

Table 2 <i>Aṣṭa-vibhrama pareeksha</i>	
<i>Manas</i>	<i>Vibhrama</i> present
<i>Buddhi</i>	<i>Vibhrama</i> present
<i>Samjnaa jnaana</i>	<i>No Vibhrama</i> present
<i>Smṛti</i>	<i>No Vibhrama</i> present
<i>Bhakti</i>	<i>Vibhrama</i> present
<i>Ṣeela</i>	<i>Vibhrama</i> present
<i>Cestaa</i>	<i>Vibhrama</i> present
<i>Aacaara</i>	<i>No Vibhrama</i> present

Diagnosis

There was the presence of both psychotic and affective symptoms and there was a period of delusions for about three weeks in the absence of prominent mood symptoms. Thus, the case was diagnosed as schizoaffective disorder bipolar type as per DSM V Diagnostic criteria. As *vibhrama* was present in the domains of *manas*, *buddhi*, *bhakti*, *ṣeela* and *cestaa* among *aṣṭa-vibhrama*, *unmaada* was diagnosed. The subject of the current schizoaffective disorder case had excessive thoughts (*Cintaa*), tension, reduced sleep, wandering, irrelevant talk, pressure of speech and occasionally impaired orientation, anger (*Krodha*). This can be correlated with symptoms present in *vaatikonmaada* (*Asthaana vaak* – irrelevant talk, *nidraa-bhramṣa* -reduced sleep, *bahu-bhaashita* - pressure of speech, *anga-vikshepa* – increased body movement/ wandering nature) and *paittikonmaada* (*krodha*– increased anger). *Doshas* involved were predominantly *vaata* and *Pitta* and thus final diagnosis was made as *vaatika unmaada* with *pittaanubandha*

Assessment

Assessment was done using Positive and Negative Syndrome Scale (PANSS) and Young Mania Rating Scale (YMRS). PANSS score obtained was 52 and YMRS score obtained was 19.

Treatment protocol

Treatment protocol included internal medications and procedures. *Sodhana cikitsa* was primarily done followed by *sirodhaara* and *nasya*. Internal medications, suitable for the condition were selected for *ṣamana cikitsa*.

Table 3
Internal medicines

Medicine	Dose	Anupaana	Aushadha-kaala	Rationale
Drakshadi Kashaya ^[1]	90ml	Madhu, Sitaa	2 times a day before food	Vaata-pitta hara
Ashwagandha churna + Swetasankhapushpi churna	5 g	Lukewarm water	2 times a day after food	· Antistress · Anxiolytic
Kalyanaka ghritha ^[2]	10 g		At bedtime	· Unmaadanaasana · Vaata-pitta hara · Improves cognition

Table 4
Treatment procedure

Treatment	Day	Medicine with dose and duration	Rationale
Udvaritana	1 st – 3 rd day	Kolakulathadi Churna ^[4] – 3 days	Angasthireekarana Medovilayana
Takra paana	3 rd day	One Litre Takra with Vaiswanarachurna ^[3] 10 g	Rookshana, Srotassodhana Agni vardhaka
Snehapaana (Uttama maatra snehapaana)	4 th day 5 th day	Kalyanakaghritha ^[2] (30ml, 120 ml)	Snehana Vaata-pitta hara
Abhyanga + Ooshmasveda	6 th day 7 th day	Dhanwantaram taila ^[5]	Dosha vilayana
Virecana	8 th day	Avipatti churna ^[6] 30g	Indriya-prasaada, Buddhi-prasaada Vaata anulomana
Sirodhaara	9 th day- 15 th day	Ksheeradhara with Dasamoola, Panchagandha, Useera	Vaata-pitta samana, Indriya-prasaadana
Nasya	16 th day- 18 th day	Ksheerabala ^[7] 101 A (1ml, 2ml, 3ml)	Srotassodhana Vaata-pitta hara

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

- Tiktakam ghritham – 1 tsp Morning
- Chandanadi thailam – Paadabhyanga and Sirobhyanga
- Ashwagandha churna + Shankhapushpi churna+ Kushtham churna – ½ tsp BD with lukewarm water

RESULT

	Before treatment	After treatment
PANSS	52	30
YMRS	19	8

Considerable changes were noted in the domains of delusions, anxiety, tension, disorientation and poor attention after the treatment in the Positive

and Negative Syndrome Scale. In Young Mania Rating Scale considerable changes were noted in the domains of elevated mood and increased motor activity. Also, sleep was improved, irritability and pressure of speech were considerably reduced after the treatment.

According to patient, he feels clarity of mind and his thoughts came to normalcy. He also noted improvement in sleep after treatment. Overall improvement was noted in health and behavior.

According to informant, after the treatment no irrelevant talk, anger outbursts and wandering were noted. He started behaving normally to people around, improved social mingling and goal-oriented thoughts were noted.

DISCUSSION

The subject of the current schizoaffective disorder case had excessive thoughts (*Cintaa*), tension, reduced sleep, wandering, irrelevant talk, pressure of speech occasionally impaired orientation and anger. This can be correlated with symptoms present in *vaatikonmaada* (*asthaana vaak* – irrelevant talk, *nidraa-bhramṣa* -reduced sleep, *bahu-bhaashita* - pressure of speech, *angavikshepa* – increased body movement/wandering nature) and *paittikonmaada* (*krodha*– increased anger)

Thus, *vaata – pitta hara* treatment was planned accordingly. The *samana* medications chosen were Drakshadi Kashaya, combination of Aswagandha, *Sweta Sankhapushpi*, and *Kushtha Churna* and *Kalyanakaghriṥha* to address the symptoms. *Aswagandha* and *sveta sankhapushpi* are proven antistress and anxiolytic medications. *Kushtha choornam* has the property of increased hexobarbital-induced sleeping time and decreased body temperature, which can be used for improving sleep. [8] Moreover, it has significant role in correction of impaired thoughts and improving cognition. *Kalyanakaghriṥha* is best used in management of psychotic symptoms.

Uttama-maatra snehapaana was selected as it is specially indicated in *unmaada*. After that, *abhyanga* and *ooshma sweda* followed by *virecana* were done. *Sodhana* brings about *indriya-praasada*, *buddhi-prasaada*, *srotovisuddhi*, *laghuta*, *agni-vrddhi*, *anaamayatva* and *vaatanulomana*. [11] Lipid (*sneha*) is hydrophilic, after appropriate oral administration, will be saturated with fats and is transported out to extracellular fluid by osmosis resulting in increased plasma volume. To maintain equilibrium of normal plasma level, where extra amount of liquid reaches *koshtha*. *virecana* is administered to expel it out of the body. *Ghrta* acts as carrier system for drug delivery to cross

blood brain barrier. Anger, irritability and increased thoughts were found to be reduced.

Sirodhaara (*Ksheeradhara*) was administered for seven days, with *useera*, *panca gandha* and *dasamoola* considering its relaxant responses in stress induced disorders. *Sirodhara* has got tranquilizing effect, alpha adrenergic blocking effect on Autonomic Nervous System, controlling hypothalamus and has control over endocrine functions and regulation of emotional and behavioral patterns. [11] The continuous *dhaara* provides mental relaxation, induces sleep, improves circulation and pacifies aggravated *vaata* and *pitta*. By performing *sirodhaara*, stimulation of tactile and thermos receptors, activation of certain areas frontal lobe, limbic system, brainstem and autonomic nervous system occur. This procedure produces a relaxed state of mind, clarity in thoughts and reduced anger. The informant reported significant reduction in anger and irritability after *sirodhaara*.

Nasya was done with *Ksheerabala 101 Aavartana*, at an increasing dose of 1ml for three days with a starting dose of 1 ml. Patient felt more relaxed and appeared active during the *nasya* procedure. The continuous administrations of *Ksheerabala* prevent the release of abrupt electrical discharge and improve the physical and mental condition of the patients. It has profound soothing and relaxing effect on mind. [12]

There was considerable reduction in the scores of Positive and Negative Syndrome Scale from 52 to 30 and Young Mania Rating Scale from 19 to 8 after the management.

CONCLUSION

This case study provides an overview of a case of schizoaffective disorder, diagnosed as *vaata unmaada* with *pittanaubandha*, where the patient responded well to the ayurvedic treatment. The irrelevant talk (*asthaana vaak*) and pressure of speech (*bahu bhaashita*) presented initially

subsided, delusions of reference reduced and elated mood became normal after the treatment. Patient was comfortable with ayurvedic medicines with no noted adverse effects. This case report put into light the importance of ayurvedic management in the effective management of schizoaffective disorder.

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