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Ayurvedic Management of Bipolar Affective Disorder –Current Episode of Severe Depression (*Kaphaja Unmada*) with Psychotic Symptoms: A Case Study

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ABSTRACT:

Bipolar disorder is characterized by recurrent episodes of mania and depression in the same patient at different times. The life time prevalence of bipolar disorder ranges from 2% to 5%. The lifetime risk of depressive episode is about 8%. Depression is characterized by at least 2 weeks of pervasive low mood, low self-esteem and loss of interest or pleasure in normally enjoyable activities. Even though different treatments are available for depression, it seems to be recurring even after the stoppage of treatment. Moreover, use of antidepressants leads to many side effects. The purpose of the study is to analyze the effect of ayurvedic treatment in the management of BPAD with current episode of severe depression with psychotic features. It can be compared with *Visada, Avasada, Manodukhaja unmada and Kaphaja unmada*. A 32 years old male patient, admitted in the IPD of Government Ayurveda Research Institute of Mental Diseases (GARIM) presented with lack of confidence, impulsivity, social withdrawal, reduced speech, generalized weakness, loss of appetite, suicidal ideations and delusion of reference. The symptoms recurred after the withdrawal of psychiatric medications hence he consulted here. Treatment was given with *Samana and Shodhana oushadi*. Internal medicines were given in the follow up period also. Patient got marked relief after one month of treatment and after follow up period (2 months). Ayurvedic treatment gives great results in the management of BPAD with current episode of severe depression with psychotic features.

KEYWORDS: *Ayurveda*, BPAD, depression, *Kashayadhara, Samana, Snehapana.*

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INTRODUCTION:

Bipolar affective disorder (BPAD), earlier known as manic depressive psychosis is occurrence of recurrent episodes of mania and depression in the same patient at different times [1]. The current episode in bipolar disorder is specified as one of the following-hypo manic, manic without psychotic symptoms, manic with psychotic symptoms, mild or moderate depression, severe depression without psychotic

symptoms, severe depression with psychotic symptoms, mixed or in remission.

Depression is one of the most common mental illnesses. It was initially known as melancholia. All of us have friends, acquaintances, or relatives who have at some time been clinically depressed. In fact, at least 1 out of 10 adults experiences one or more episodes of depression during his or her lifetime. Researchers estimate the lifetime risk to be as high as 8%. Some depressed persons obtain professional help, but many others do not. Probably only 12-25% of those with depressive disorders seek treatment. [2]

According to WHO depression is the most common cause of YLD (years lived with disability) globally and ranks as one of the leading causes of disability. [3] The diagnostic and statistical manual of mental disorders –V describes symptoms of major depressive disorder as- a depressed mood, suicidal ideation, fatigue or lose of energy, psychomotor agitation and insomnia persisting most of the day, nearly every day for a period of 2 weeks. [4]

Symptoms of depression includes affective symptoms, vegetative symptoms, motivational symptoms, cognitive symptoms and somatic symptoms like depressed mood, anhedonia, anxiety, sleep disturbances, appetite disturbances, loss of energy, decreased libido, psychomotor retardation, psychomotor agitation, loss of interest in usual activities, feeling of hopelessness and helplessness, suicidal acts or thoughts, sense of guilt, worthlessness, low self-esteem and difficulty in concentrating. [2]

Depending on the severity of symptoms, a depressive episode can be categorized in to3- mild, moderate and severe. In mild depressive disorder the patient will have some difficulty in doing day to day activities but probably not cease to function completely. In a severe depressive episode, the patient will be unable to continue day to day activities except to a limited extent.

Effective treatments are available for moderate and severe depression. SSRIs (selective serotonin reuptake inhibitors) TCAs (Tricyclic antidepressants) or behavioral activation, cognitive behavioraltherapy (CBT), interpersonal psychotherapy (IPT). But these are having side effects or are difficult to practice. Because of these reasons people are now invading in to alternative medicine. [2]

Depression can be correlated with various conditions mentioned in ayurvedic textbooks-like *Vishada, Avasada, Kaphaja unmada and Manodukhaja unmada.* On the basis of dosha for the purpose of treatment we can take it as *Kaphaja unmada.* The symptoms of *Kaphaja unmada* includes *Arocaka, Chardhi, Alpaahara*, *Alpavak, Sthreekamatha, Rahapreethi, Souca vidwesha, Nidra and Swayathu*[5].The line of treatment mentioned in Ayurvedic classes for *Kaphaja unmade* include *Vamana*, *Virecana, Snehana, Swedana, Vasthi and Nasya.* [6]

CASE HISTORY:

A male patient aged 32 years, 2nd child of non-consanguineous parents was apparently normal before 15 years. When he was studying in plus two, family members started noticing that he was skipping classes; he will give unnecessary reasons so that he doesn't need to go to school. As a result his family members talked with his teacher and came to know that in class hours he is very much distracted. Later he joined for BA. There he was not able to adjust with his classmates. During plus one and plus two he was in boys school so when he joined for BA in mixed college, he found difficulty in talking with others and adjusting with the college surroundings. He used to avoid public appearances like projects, seminars etc.

Later he started to skip classes to avoid facing others. In family also whenever any gatherings or functions are there, he was not able to adjust with the surroundings- especially he had difficulty in talking with others. He felt that others are talking about him like they are telling that he is like this because of drug abuse. As a result he used to get angry and restless. He used to quarrel with his family members, sometimes used to destroy things. His family members took him to consult a modern psychiatrist and took medication. Later days while continuing the medication, he read about his symptoms in internet and tried meditation by himself. He was able to control his emotions but he still used to get many thoughts like I. am good for nothing. Many times he used to get thoughts like why I am living, it is better to die but never had he tried to do suicide. In between during lockdown days when he tapered the dose of medication, he started to show symptoms like sad, restless, difficulty in sleeping (both initiation and maintenance), loss of appetite, reduced speech, loss of interest in work and day to day activities sometimes angry also.He felt very much tired and generalized weakness,loss of energy, lack of confidence and thought of doing suicide. As a result, he was brought to Government Ayurveda Research Institute for Mental diseases.

Physical examinations

Pulse rate was 68/min and regular; blood pressure was 120/76 mmHg, temperature was 97.6^{0}F and respiratory rate was 16/min. BMI was 19.4 with height 182 cm and weight 65 kg.

Systemic examinations

Respiratory system-normal vesicular breathing, no added sounds. No abnormality detected.

Cardio vascular system- no murmurs, S1 and S2 clearly heard.

Integumentary system- no abnormalities were detected.

Digestive system was found to be unaffected.

In nervous system, higher mental functions like attention and concentration were slightly impaired, abstract thinking was impaired and the dimensions of speech like intensity and speed were reduced

The Mental status examination (MSE) was as follows-

Appearance-appropriate, moderately built ,touch with the surroundings- present, eye contact with the examiner- maintained, dressing and hairstyle- appropriate ,motor behavior- slightly reduced movements rapport- established, intensity and pitch of voice-sometimes low pitch, reaction time-normal, speed-reduced, relevance and coherence-relevant and coherent, mood - subjective-anxious and objective-restless, tense, fluctuations- present, affect - subjective – congruent with mood and objective- congruent with mood, perception- normal, thought form/ process-continuous, content- delusion of reference, consciousness- conscious, attention and concentration- slightly impaired, orientation to time,place and person-intact, memory –immediate: intact, recent: intact, remote: intact, abstract thinking- impaired, Intelligence-decreased, reading &writing-intact, visuospatial ability- intact, insight-grade 5,judgement-partially impaired and impulsivity- impulsive.

***Dasavidha pareeksha* (tenfold examination)**

Prakrti of the patient was *Vatapitta. Vikrti* (morbidity) was *Tridoshapradana kaphadushti* with *Pitha anubanda*. *Satwa*(psyche), *Sara* (excellence of tissues), *Samhanana* (compactness of organs), *Ahara sakthi* (digestive power), *Vyayama sakthi* (capacity of exercise), *Satmya* (suitability)

and *Pramana* (body proportion) of the patient were of *Avara* level.

Diagnostic assessment

Beck's Depression Inventory Scale- 43 at the reporting time [table 2].

METHEDOLOGY/ TREATMENT GIVEN:

The medications were fixed as:

1. A combination of *Sarpagandha [Rauvolfia serpentina], Gokshura [Tribulus terrestris] and Swetha sankapushpi [Convolvulus pluricaulis*]- 2gram along with lukewarm water twice daily before food
2. *Gandarvahasthadi kashaya[7].* 15ml *Kashaya* with 45ml lukewarm water twice daily before food
3. *Shaddharanam* tablet, 250 mg tablets three times a day with plain water after food
4. *Chandanadi taila* for application over head before bath
5. *Dhoopana* with *Vaca, Daruharidra, Jatamamsi, Nimba* and *Hingu*-altogether 50 gm daily

After the IP treatment, the following medicines were advised to continue up to 2 months.

1. *Sarpagandha+Gokshura+Swetha sankapuspi*- 2gm bd with hot water before food
2. *Kalyanaka gritham[12]*-1&1/2 teaspoon at night
3. *Chandanadi tailam* for application over head
4. Tablet HT kot -0-0-1

Table-1: Treatment schedule:

Procedure	Duration	Medicines	Rationale	Observations
Virechana	2 days with a gap of 1 day in between	*Avipathy choorna* 25 gm with lukewarm water early morning before food	*Vatanulomana* *Indriyaprasada* *Buddhiprasada* *In order to reduce the aggression of patient and side effects of modern psychiatric medication initially virecana is performing*	Anger slightly reduced Difficulty in sleep reduced
Kashayadhara	7 days	*Dasamoola*	*Srothoshodhana rookshana*	Irritability reduced
Snehapana	5 days	*Mahatpancagavyamgritha[8]*(30 ml to 250ml)	*Dosha uthkleshana* *Snehana*	No changes noted

Abhyanga& ushmasweda	1 day	*Kottamchukkadi* *Tailam*[9]	*Dosha vilayana*	No changes noted
Vamana	1 day	Ingredients- *Madanaphalapippalichoorna-10g, Vaca-2gm,Yashti-6g,Saindava-12g, Lavana-25g,Madhu-* sufficient quantity, 3 litre *ksheera* mixed with 2 litre water boiled and cooled. *Yashti phanta preparation- 100gm yashti choorna soaked in 2 litres of boiled water overnight then* strained in the morning. *Yashti, Vaca* and *Madanaphala pippali choorna* were made into a bolus with sufficient quantity of *Madhu.* *Lavanodaka-25g Lavana* mixed with sufficient quantity of water	*Doshanirharana* through *urdwabhaga, Kaphadosha shodana*	aruci, easy fatiguability, loss of interest, lack of confidence,suicidalideation and sad mood reduced
Snehapana	3 days	*Brahmi kalyanakagritha*[10](30-100 ml)	*Dosha* uthkleshana *Snehana*	Impulsivity reduced Decision making capacity improved
Abhyanga & Ushmasweda	2 days	*Kottamchukkadi tailam*	*Doshavilayana*	No changes noted
Virechana	1 day	*Avipathychoorna*[11]25gm with lukewarm water early morning before food	*Vatanulomana* *Indriyaprasada* *Buddhiprasada*	Started to get more hours of sound sleep at night
Yogavasthi	8 days	*Snehavasthi – Brahmikalyanaka gritha* *Erandamooladi vasthi*	*Vatasamana*	Delusion of reference reduced Worthless feeling reduced

Table-2: Outcome and follow up:

Scales	Scores-initial assessment	Score-18th day	Score- 21st day	Score-AT	Score-after follow up
Becks depression Inventory scale (BDIS)	43	31	23	18	10

RESULT AND DISCUSSION:

In *Ayurveda*, *Unmada* is a disorder of *Manovaha srotas* causing *Vibhrama* of *Dhee* (intelligence), *Drti* (retention power) and *Smrti* (memory): these are deranged in depression. In this case *Tamoguna* along with *Rajoguna* are affected. *Kapha pradaana tridosha dushti* along with *pitha* can be assessed. Treatment aspect include *Vamana, Virecana, Snehana, Swedana,Vasthi and Nasya*.

In the *Samprapthi* of this disease *Agnimandhya* and *Ama* is involved which requires *Dipana* and *Pacana* therapies .Increased food intake along with no exercise leading to *Kapha vrddhi*. *Kapha* is *Rasadathu Mala*, seat of *Rasa* is *Hridaya*. So this vitiated *Kapha* goes to *Hridaya* and start pathogenesis of disease. Increased *Kapha* affect *Mana* by increased *Tamoguna* and making *Mana* depressed. This can be seen by the symptoms like anorexia, no excitement, irritability, loss of memory, decreased interest in talking. Along with this vitiated *Pitha* causes increased anger, impulsivity. The treatment aimed at *Srothoshodhana, Tridosha samana* including *Kapha* and *Pitha samana*. Treatment aspects include *Deepana, Pacana*, *Vamana, Virecana, Snehana, Swedana, Vasthi* and *Nasya*.

Mode of action: Initially appropriate *Kashaya* and *Choorna* was given for *Amapacana* and *Agnideepana*. *Dhoopana* was done to remove the *Avarana* by *Kaphadosha*. Hence *Virecana* is highly effective in reducing *Pithadosha*, it was given for reducing the intense anger and impulsivity. As a part of external *Rookshana* and to reduce the *Pithadosha, Kashyadhara* was given with *Dasamoola. Vamana* is the best therapy for expelling out vitiated *Kaphadosha*, prior to *Vamana, Shodananga Snehapana* is essential for *Dosha Uthkleshana*. *Mahatpancagavya gritha* indicated in *Kaphaja unmada* will serve this purpose. After *Abhyanga* and *Ushmasweda* for *Dosha vilayana*, *Vamana* was done with *Vaca* and *Madanaphala* as main drugs-*Vaca* with its *Teekshna* and *Ushna* properties is capable of pacify aggravated *Kapha.*[13] *Vamana* was found to be capable of reducing *Aruci*, easy fatigability, loss of interest, lack of confidence,suicidal ideation and sad mood. *BrahmiKalyanaka gritha* which is *Pitha samana* and acts more in cognitive level is selected for second round *Snehapana*. Which helped in reducing the impulsivity and improving decision making capacity. *Virecana* done after that with *Avipathy choorna* helped in improving the sleep quality. Finally *Yogavasthi* was given to pacify remaining *Vata dosha* which in turn reduced delusion of reference and worthless feeling.

CONCLUSION:

Ayurveda therapy including *Kashayadhara, Snehapana, Vamana, Virecana and Yogavasthi* along with oral medicines is effective as well as safe in bipolar affective disorder with current episode of severe depression with psychotic features. It helps in relieve the symptoms and thus improving the performance of the patient in his daily activities.

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