



Case Report

AYURVEDIC MANAGEMENT OF BIPOLAR AFFECTIVE DISORDER WITH PSYCHOTIC FEATURES: A CASE REPORT

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ABSTRACT

Bipolar Affective Disorder (BPAD) is one of the world's ten most disabling conditions taking away years of healthy functioning from individuals who have the illness. The prevalence rate is approximately 1 % across all populations. The present article deals with a diagnosed case of BPAD with psychotic features came for Ayurvedic treatment. The Ayurvedic diagnosis of Pittaja unmada was made and virechana karma was done. Two assessments were taken before and after virechana on BPRS (Brief Psychiatry Rating Scale) and QoL.BD (The Quality of Life in Bipolar Disorder questionnaire). Patient showed improvement in 'hostility' and 'excitement' on BPRS and good improvement was observed in items like, 'Energy levels', 'physical wellness', 'refreshing sleep', 'satisfactory sleep', 'happiness', 'concentration' and 'memory' on QoL.BD. Virechana karma plays a key role in the management of pittaja unmada / BPAD. Virechana karma stabilizes mood by reducing manic episode symptoms and improves the quality of life of BPAD patients.

Keywords: Bipolar Affective Disorder, BPAD, Pittaja unmada, Quality of life, Virechana karma, Manic episode

INTRODUCTION

BPAD (Bipolar Affective Disorder) is one of the world's ten most disabling conditions taking away years of healthy functioning from individuals who have the illness. The prevalence rate is approximately 1 % across all populations. All Bipolar disorders are chronically recurring illness associated with substantial morbidity and mortality¹. BPAD is characterized by recurrent episodes of mania and depression in the same patient at different times. The manic episode is characterized by elevated, irritable mood, increased psychomotor activity, flight of ideas, talkativeness, distractibility and reduced sleep whereas in depressive episode, depressed mood, decreased psychomotor activity and multiple physical symptoms like, heaviness of head, vague body aches etc; Patient may show psychotic features like, delusion, hallucinations, gross inappropriate behavior or stupor during mood episode or at other times². Many patients who are dissatisfied with conventional treatment seek other interventions like, Complementary and Alternative Medicine (CAM) for mood disorders. In general, CAM is safe, cost effective and is well tolerated by patients with physical and mental disorders³. Unfortunately, there was no clarity regarding the Ayurvedic aspect of BPAD. This creates a major diagnostic and management dilemma in clinical Ayurvedic psychiatry practice while approaching a case of BPAD. As per Ayurveda, each patient of BPAD needs an individualized approach as the etiology and pathology are variable from patient to patient. Here we are reporting a case of BPAD with psychotic features diagnosed as 'Pittaja Unmada' according to Ayurveda. Written informed consent was obtained from the patient's mother for the publication of this case report.

Case Description

A 25 years aged male patient came to our care (14.07.2014), with the complaints of tremors of hands, restlessness, irrelevant speech, sleeplessness, increased anger, self talking and abnormal behavior. Patient came along with his wife and

mother. Patient was a diagnosed case of 'Bipolar I Mood disorder'. First episode was a manic episode occurred on 2004 with the complaints like, wandering behavior, irritability, anger outbursts, inappropriate laughing, excessive talkativeness and suspiciousness. He was admitted and took allopathic treatment and improved completely. Later at 2009, second manic episode was noticed with similar complaints and took psychiatric consultation. He got relief and stopped medication. Third episode was a depressive episode and occurred on 25.11.2013, patient suffered with the complaints of, unable to take decision, taking excessive time for routine activities at home, repeatedly speaking same sentences, sadness of mood, decreased interest in pleasurable activities, excessive worries about illness and marital relationship and generalized weakness. Since then patient has been taking allopathic medication. During this period because of his illness, patient's wife left home and also he lost his employment. Since (March, 2014), patient gradually developed tremors of both hands, slurring of speech and memory difficulties. Patient has been suffering with premature ejaculation, partial erections during sexual intercourse and primary infertility. Semen analysis (03.04.2012) revealed (sperm count - 32 million/ml, abnormal forms - 24 %, active motile - 30 %, sluggish - 20 %, non motile - 50 %) and hematological, biochemical investigation reports were within normal limits (03.04.2012). No family history of psychiatric illness, substance abuse and suicide attempt were found. During Mental status examination, patient maintained eye to eye contact with spontaneous speech and looked anxious. Preoccupied with the thoughts of illness and had insight of his illness. Remote memory was disturbed and orientation (time, place and person) was maintained. Patient was non smoker, non alcoholic and not having allergy to any drug or food item. No past history of head injury, seizures and major medical illness was found. Patient has been consuming anti psychotics and mood stabilizers on irregular basis.

Diagnosis, Assessment and Treatment

Bipolar I Mood disorder was diagnosed (based on the DSM IV TR diagnostic criteria⁴) by the history and presently patient suffering with mixed episode having both hypo manic symptoms (decreased need of sleep, anger, restlessness, excessive talkativeness) and depression symptoms (excessive worries about illness and marital relationship, decreased self esteem, anhedonia) along with psychotic features (irrelevant speech, inappropriate behavior, self talking). Patient was initially assessed on BADDS (Bipolar Affective Disorders Dimension Scale)⁵ as part of the diagnostic assessment and also to measure the life time experience of psycho pathology of the patient on four dimensions (Mania dimension 'M', Depression dimension 'D', Psychosis dimension 'P' and Incongruence dimension 'I'). BPRS (Brief Psychiatry Rating Scale)⁶ and QoL.BD (The Quality of Life in Bipolar Disorder

questionnaire)⁷ were used to assess the efficacy of therapy. Total two assessments were carried out before treatment and at the time of discharge on both of these scales. The patient was diagnosed as 'Pittaja Unmada' according to Ayurveda. After excluding saama lakshana's⁸, abhyantara snehapana (internal oleation) with go ghrita (cow's ghee) was started. After getting samyak snigdhalakshana's⁹ (signs and symptoms of proper oleation) virechana (therapeutic purgation) with trivrit avalehya was done followed by samsarjana krama¹⁰ (special diet schedule). Patient was discharged (29.07.2014) and internal medicines were prescribed for the period of one month (Table 1). Follow up was planned on 29.08.2014, but patient didn't come for follow up.

Table 1: Intervention

Panchakarma intervention – Virechana Karma	
15.07.2014 to 19.07.2014	Snehapana with cow's ghee – 40 ml, 80 ml, 120 ml, 160 ml and 220 ml respectively for five days on empty stomach with hot water
20.07.2014 to 23.07.2014	1. Sarvanga abhyanga with Bala tailam 2. Bashpa sweda (in steam chamber)
23.07.2014	Virechana with Trivrit avalehya – 100 g
24.07.2014 to 28.07.2014	Samsarjana krama with Mudga yusha and Yavagu
Shamana chikitsa	
29.07.2014 to 28.08.2014	1. Shankhapushpi choornam - 2 g + Sarpagandha choornam - 500 mg + Guduchi choornam - 1 g, thrice a day, after food with honey 2. Mamsyadi kwath - 80 ml, twice a day before food 3. Maha Kalyanaka ghritam - 10 ml, twice a day, on empty stomach with hot water

DISCUSSION

Ayurvedic descriptions of mental illness are mainly incorporated under the heading of unmada. The term Unmada comprises all psychiatric disorders and can be translated as psychosis. Unmada is characterized by the disturbances of Manas (mind), Buddhi (decision taking capacity), Samgna gnana (orientation and responsiveness), Smriti (memory), Bhakti (desire), Sheela (personality), Cheshta (psychomotor activity) and Achara (conduct). Unmada is classified into five types, Vataja, Pittaja, Kaphaja, Sannipataja and Agantuja or Bhootonmada. Vataja unmada is characterized by various inappropriate behaviors like, smiling, laughing, dancing without reason, excessive talking and wandering. In Pittaja unmada, restlessness, anger, sleeplessness and hostility are the predominant features where as in Kaphaja unmada, loss of appetite, psychomotor retardation, solitude and excessive sleepiness are the predominant features¹¹. Ayurveda has described three types of management for treating psychiatric disorders or unmada viz; Daiva vyapashraya chikitsa (spiritual / divine therapy), Sattvavajaya chikitsa (Ayurvedic psychotherapy) and Yukti vyapashraya chikitsa (rational use of drugs, diet and activities). Yukti vyapashraya chikitsa includes samshodhana (elimination of vitiated dosha's by panchakarma therapy) and samshamana (pacifying dosha's by giving internal medicines, diet or activities). Patients suffering with unmada should be treated with snehana (oleation), swedana (sudation) and then subjected for evacuation with drastic emetics or purgatives. For the management of Pittaja unmada, 'Virechana karma' is advised¹². Initially patient was diagnosed as having Unmada by observing the vibhramsa (disturbance/deviation) of Manas, Buddhi, Smriti, Sheela, Cheshta and Achara. Later on 'Pittaja unmada' diagnosis was made due to the presence of signs and symptoms like, excessive anger, sleeplessness,

restlessness etc; and virechana karma was done after giving vardhamana snehapana (administration of ghee with gradually increasing doses) with cow's ghee for five days. After snehapana, sarvanga abhyanga (full body oil massage) and bashpa sweda (steam in steam chamber) was done for three days. Trivrit avalehya was selected for virechana and patient got eighteen vega's. Virechana was 'Kaphaanta' and 'madhyama shuddhi'. Based on madhyama shuddhi, five days of samsarjana krama was followed after virechana (Table 1). Before treatment, total score on BADDS was (M 62; D 51; P 9; I 10) and it indicates that, patient has been suffering with Bipolar I Mood disorder with full pledged manic episodes and depressive episodes with mood congruent, mild psychotic features. On BPRS questionnaire, the base line score was 81 and immediately after virechana karma (after samsarjana karma) it was reduced to 75. Patient showed good improvement in items like 'hostility' (score reduced from 4 to 2) and 'excitement' (scores reduced from 1 to 0) on BPRS. On QoL.BD scale the base line score was 68 and after virechana karma, the score was 86 which indicates improvement in quality of life of the patient. Better improvement was observed in items like 'Energy levels', 'physical wellness', 'refreshing sleep', 'increased amount / right amount / satisfactory sleep', 'happiness', 'concentration' and 'memory' on QoL.BD. By considering above facts it is clear that virechana karma reduces the manic episode symptoms i.e. hostility and anger and increases the quality of life of the patients of BPAD. By virechana patient got good energy levels, refreshing sleep, happy mood and feelings of physical and psychological wellness. Patient didn't come to follow up and we came to know that (by telephonic interview), patient got a job, started working and stopped taking medicines. Patient was cooperative and followed instructions throughout his stay at IPD level but

after getting discharged (at OPD level). Patient stopped taking medication and skipped the scheduled visit. Some studies reported, non adherence to medication in BPAD is ranging from 20 %-60 %. More than one third of BPAD patients had stopped their medication two or more times without proper consultation with their physician. Non adherence seriously hinders therapeutic research in bipolar disorders¹³. The present case report substantiates the classical Ayurvedic diagnosis of ‘Pittaja unmada’. By Virechana karma followed by internal medication, BPAD can be managed. Further randomized controlled trials with large sample are required to substantiate the present findings.

CONCLUSION

Pittaja unmada is a clinically diagnosable condition. Virechana karma plays a pivotal role in the management of pittaja unmada / BPAD. Virechan karma stabilizes mood by reducing manic episode related symptoms like, anger, restlessness and hostility. Virechana improves the quality of life of BPAD patients especially in the areas like, energy levels, concentration, memory, sleep and on other physical and psychological parameters. Non adherence to Ayurvedic medication seems to be a major obstacle in out patient management of BPAD patients.

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