

Case Report



A holistic Ayurveda approach for adjustment disorder integrating Panchakarma and Psychotherapy – A case report

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ABSTRACT :

Background: Adjustment disorder is a psychosomatic response towards a stressor that could arise from domestic, financial, or professional conflicts. Ayurveda incorporates this clinical manifestation of physical and psychological stress (*manodukkha*) under the spectrum of *Unmada*. **Clinical Findings:** In this case report, in a 16-year-old girl, based on *Yuktivyapashraya-Chikitsa*, the symptoms of unknown fear, lack of concentration, reduced sleep, and feverish feeling for one and a half months were analysed based on *rogi-roga-pareeksha* and diagnosed under the spectrum of *manodukkha kapha* dominant *vataja-unmada* (adjustment disorder). The Hamilton Depression Rating Scale and Hamilton Anxiety Rating Scale were utilised for the assessment of the patient. **Interventions:** *Indukantam Kashayam*, *Vidangarishtam*, *Abhayarishtam*, *Manibhadraleham*, *Kalyanaka Ghritam* and *Brahmarasayanam* were utilised based on condition as internal medication, while *rooksha pinda sweda*, *udwartanam*, *sneha* intake with *narayana tailam* and *kalyanaka-ghritam*, *abhyangam* and *swedanam*, *mridu virechanam* and *shirodhara* were incorporated into external therapies. Along with the treatment, counselling was adopted as a part of *Sattwavajaya-Chikitsa*. The duration of treatment ranged from 32-days on OPD basis and a 20-day IPD admission, following a yearlong follow-up. **Results:** The said treatment provided remarkable relief in the symptoms and improved the overall quality of life of the patient. The individual who refused to go to school achieved the highest grade after the complete treatment and follow-ups. **Conclusion:** Adjustment disorder was completely managed with *Shamana*, *Shodhana* and *Rasayana* modalities, with improved HDRS and HRAS scores. Follow-ups showed improved well-being with no side effects or recurrence.

KEYWORDS: Adjustment Disorder, Ayurveda, *Manodukkha*, *Kapha-Vataja-Unmada*, Case report

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1. INTRODUCTION

Adjustment Disorder is a psychosomatic-disorder characterised by non-adaptive response to psychosocial stressor, such as a disease, financial difficulty, domestic or personal-conflicts. Adjustment disorder manifests in a month after encounter with a stressor and is said to resolve in six months after onset, but if the stressor persists for a long duration, the condition may worsen, which make it different from other mental illnesses like mood disorders etc. It is characterised by excessive worry, distressing thoughts, impaired personal and social behaviour, deranged occupational and societal functioning, hampered emotional status associated with signs of depression and anxiety. [1]

The psychosomatic disorders in Ayurveda manifest due to the *dosha-dushti*, affecting *shareera*, *manas* and *buddhi*. These psychosomatic disorders are incorporated under *Unmada* [2] which is classified into two types as *nija* and *agantuja*. [3] The *yuktivyapashraya-chikitsa* include *snehana*, *swedana*, *vamana*, *virechana*, *nasya* and *basti* (based on the *dosha-dushti*) as the major ones while *sattwavajaya* and *daivavyapashraya chikitsa* are also utilised to treat the *manas-dushti*. [4] *Dehaabhihita-lakshanas* (affliction of the body components) can manifest as the *mano-abhihita-lakshanas* (affliction of mind); and vice-versa; hence, such case reports stand out to elicit the *mano-daihika-lakshanas* (psychosomatic symptomatology) as in this case of adjustment disorder. This illustrates its successful management utilising the principles of *Unmada Chikitsa* along with improved outcomes for one year.

2. CASE HISTORY

Patient Information: A 16-year-old female, from Belagavi, who passed her 10th standard with high-grades, presented with symptoms of unknown-fear, lack of concentration, reduced sleep, and a feverish feeling persisting for 1.5-months, with recurrent sneezing for the past 1-year. According to her father, she had lost interest in activities, exhibited increased irritability, avoided school, and cried frequently. On 06.09.2022, her father brought her to KLE Ayurveda Hospital (OPD No OP220044932) seeking treatment. Previously healthy and with no known systemic-illnesses, she began experiencing symptoms 1.5-months ago. After enrolling late in PUC, finding that half-syllabus had already been covered, and exams were approaching, caused significant anxiety, an episode of unease and blackout, prompting her to leave school early. Despite being a high-achiever in 10th, she became depressed & showed less interest in activities. Her parents observed frequent crying, irritability about school, and leaving school early without explanation. She has no family history, had mixed-diet, reduced appetite, occasional hard bowel, menarche at 13 & irregular menstrual cycles. Case reporting follows the CARE guidelines. [5]

Clinical Findings: No abnormality was detected on general-examination while on psychiatric-examination, she appeared gloomy, with cooperative-attitude, intact-comprehension, normal posture and gait, presence of social-withdrawal, reduced motor-activity and rapport which developed gradually, reduced volume, sad mood, with stream of thought intact associated with phobia along with intact perception, cognition, abstract-

thinking, insight and judgement. Her routine blood investigations were within normal limits. The *roga-pareeksha* elicited the mental-trauma (*mano-dukkha*) of late admission and lagging, as the *sannikrishta-hetu* (primary factor), while irregular meals with *katu-rasa* dietary articles, increased fish & meat intake, occasional day-sleep, as *viprakrishta-hetu* (secondary factor). The *dasavidhapareeksha* revealed her *prakriti* as *kapha-pitta* dominant with *kapha-vataja vikriti* with *avara-sattwa & alpa-abhyavaharan-shakti*. The patient showed *rasa* and *manovaha-srotas* involvement with *sanga-samprapti*, making prognosis *sukhadadhya*.

Diagnostic Assessments: The Hamilton Depression Rating Scale(HDRS) and Hamilton Anxiety Rating Scale(HAS), showed score of 22 (moderate-depression) and 23 (mild-to-moderate-anxiety), respectively, during the initial visit. Patient was diagnosed as *manodukkhaja* (mental-trauma-induced) *kapha-dominant-vataja-unmada* (NAMC-Code-EM-2), meeting the diagnostic criteria for adjustment disorder (ICD-11-Code-6B43).

Table 1 – Hospital Visits and Treatment Interventions

Date	Visit/Follow-up	Treatment/Intervention	Duration	Observations
06.09.2022 - 16.09.2022	First-OPD-Visit	1. 15ml <i>Indukantam Kashayam</i> + 45ml water + <i>Saindhava-lavana</i> (6:00am & 6:00pm, empty-stomach) 2. <i>Arogyavardhini Vati</i> 250mg (same-timing) 3. 10ml each of <i>Vidangarishtam</i> and <i>Abhayarishtam</i> after-meals	12-days	Baseline treatment started
17.09.2022 - 23.09.2022	First-Follow-up	1. Continued above treatment 2. Added:5g <i>Manibhdraleham</i> + pinch of <i>haridra</i> at bedtime	8-Days	Improved appetite, mood; crying reduced
24.09.2022 -	Second-Follow-up	1. Discontinued previous <i>kashayam</i> and <i>arishtas</i> 2. Started:5ml <i>Kalyanaka Ghritam</i> on empty-stomach at	12-Days	Further improvement in appetite, mood, sleep;

Timeline: The timeline of the events for the case is exhibited in Figure-1.

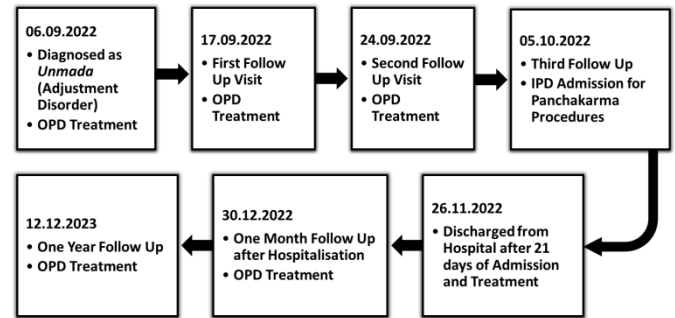


Figure 1: Timeline of Events

Therapeutic Intervention: At first only Ayurvedic treatment was started utilising *Yuktivyapashraya Chikitsa*. On first-OPD-visit, medication advised for 8 days, on first-follow-up *Manibhadraleham* was added, while on the second-follow-up, after assessing *kaphemanda-vata-pitta-uttare* stage [6] and *manovahasrotas-dushti*, considering age and *agni Kalyanaka-ghritam* was prescribed in *alpamatra (hrasiyasi)*, replacing *Indukantam Kshayam* and *arishtas*. On third-follow-up, patient was admitted to hospital. The therapeutic interventions are detailed in Tables-1 and 2.

05.10.2022		6:00am		feeling of lightness
05.10.2022 - 25.10.2022	Third-Follow-up & IPD- admission (IP22005300)	<ol style="list-style-type: none"> 1. 15ml <i>Indukantam Kashayam</i> for first-three-days 2. <i>Rooksha-pinda-sweda(Kolakulaththadi-Choornam)</i> for 2-days 3. <i>Udwartanam</i> for 4-days 4. <i>Snehapana</i> with <i>Narayana Tailam</i>→<i>Kalyanaka-Ghritam</i> 5. <i>Sarvanga-abhyangam (Narayana Tailam)</i> 6. <i>Anulomana(Manibhadraleham)</i> 7. <i>Shirotalam(Rasnadi Choornam)</i> 8. <i>Shirodhara(Narayana Tailam)</i> for 5-days 	20-Days	Panchakarma therapies initiated

Table 2: Intervention through *Panchakarma* procedures on different 20-days of admission

Sl.No.	Treatment Plan	Medicine Utilised	No. of Days
1.	<i>Rooksha-Pinda-Sweda</i> (Full Body)	<i>Kolakulaththadi Choornam</i>	1,2
2.	<i>Sarvanga-Udwartanam</i>	<i>Udwartana Choorna</i>	3,4,5,6
3.	<i>Shamana-Snehapana</i>	<i>Narayana Tailam</i> (5ml)	7,8,9
4.		<i>Narayana Tailam</i> (3ml)+ <i>Kalyanaka Ghritam</i> (2ml)	10
5.		<i>Narayana Tailam</i> (2ml)+ <i>Kalyanaka Ghritam</i> (3ml)	11
6.		<i>Kalyanaka Ghritam</i> (5ml)	12
7.	<i>Sarvanga-Abhyangam</i> Followed by <i>Mridu-Swedanam</i>	<i>Narayana Tailam</i> and Hot Water Bath	13,14,15
8.	<i>Anulomana</i>	<i>Manibhadraleham</i> (5gm)	15-Night
9.	Rest day		16
10.	<i>Shirotalam</i>	<i>Rasnadi Choornam</i> + <i>Ksheerabala Tailam</i>	16-Evening
11.	<i>Shirodhara</i>	<i>Narayana Tailam</i>	17,18,19,20,21

Upon discharge, patient was advised 5ml *Kalyanaka Ghritam* on empty-stomach (6:00am) and 5gm-*Brahmarasayanam* at bedtime. *Pathya-ahara* and *vihara* were recommended.

Sattwavajaya Chikitsa: Counselling sessions were conducted for the patient and family members during

IPD and OPD visits. *Manoharshanam*(relaxation), *Manonigraham*(mind-control), and *Aashwasanam*(assurance and motivation) techniques were employed. Recommendations included engaging in outdoor activities, listening to music, and reading books to promote mental-well-being.

Follow-up and outcomes: There was a notable improvement as HDRS score decreased from 22 to 6, and HAS score improved from 24 to 9 in the post-treatment assessment. After 1-month, the patient showed improved sleep, mood, and resumed daily activities, including joining preparatory classes for PU-entrance. She was advised to continue with 5 gm *Brahmarasayanam* at 6:00am. During a one-year follow-up, she returned to the OPD with concerns about irregular menstruation but did not report the symptoms of adjustment disorder.

3. DISCUSSION:

Unmada involving the *shareera* & *manas*, Adjustment Disorder fits into the criterion of *Manodukkhaja-Kapha-Vataja-Unmada*. Hence, a comprehensive approach is required to address the symptomatology utilising *Ayurveda Chikitsa* fundamentals. With *Dashamoola* and *Shatapala* as major ingredients, *Indukantam Kashayam* pacifies *kapha* and *vata-dushti*, *nimna-jwara* and *pratishyaya* along with enhancing *bala*, hence utilised here. [7] *Dashamoola* targets *kapha-vataja* pathology in *rasavaha* and *manovahasrotas*, hence in *unmada-chikitsa*. *Saindhava-lavana*, aids in medicine delivery due to its *vikasi-guna*. *Vidangarishtam* [8] pacifies *kaphadushti* while *Abhayarishtam* [9] addresses both *vata* and *jwara*, treats *agni-vaishmaya*, at *koshtha* and *dhatu*s. *Arogyavardhini Vati* does *srotoshodhana* and promotes overall wellbeing i.e., improves the *Arogya*. [10]

In subsequent follow-ups, while observing a decrease in *ama lakshana*, *Manibhadraleham* with *haridra* was introduced to achieve *nitya-anulomana*, alongside

ongoing *shamana*. In the subsequent visit, after improved appetite & sleep and reduced *ama* in the *rasavaha* and *manovahasrotas*, *Kalyanaka Ghritam* was prescribed that enhances *rasa-dhatu* and addresses *manovaha-srotas*, directly targeting *unmada*, enhancing metabolism, which also addresses *bhoota-graha-unmada*, *moha*, *jwaram*, *amedha*, *alpsmriti*, and provides *balyam*, *mangalyam*, *ayushyam*, *kantidam*, and is *pushtidam*. [11] Utilisation of *Kalyanaka Ghritam* in *alpamatra* post-*ama-pachanam* and *agni-deepanam* contributed significantly to managing the patient's condition. Since, *madhyama-matra* (3 *karsha*) as *shamana-sneha* would afflict status of *agni* in this patient, hence, tapered dose (*hrasiyasi-matra*) of 5ml was adopted.

On IPD-admission, *Indukantam Kashayam* was advised because of a feverish feeling. Full body *rookshapinda-sweda* followed by *udwartanam*, was done to achieve *laghavata* and *ama-pachanam* to initiate the *sneha* administration. *Sneha* administration was started with *Narayana Tailam* (indicated in affliction due to *vata*) followed by the addition of *Kalyanaka Ghritam* to it, making it *yamaka*. The quantity of *tailam* was reduced and the quantity of *ghritam* was increased making it only *ghrita sneha* on the twelfth day for achieving *srtoto-shodhana* followed by *brimhana*. The *sarvanga-abhyangam* and *ushnajala-snana* were advised as the *vishrama-kala* treatment. On the third day of *vishrama-kala*, ten-gram *Manibhadraleham* was given for *anulomana(mridu-virechana)* after the *snehana* for six days yielding three-*vegas*, suggesting *vatanulomana*. *Ksheerabala-Tailam* *Shirotalam* and *Narayana-Tailam*

Shirodhara showed a stress-relieving effect. Since *chinta* & *ati-chintana* are the causes of *rasavaha-srotodushti*, which cause *manovaha-srotas* affliction, hence they play an important role in managing such conditions and providing significant improvement in individual with emotional stress and deranged higher mental functions. [12]

On discharge, *Kalyanaka-Ghritam* and *Brahmarasayanam* (being *medha-smriti-balopeta* and *ayushya*) were advised. After 1-month, *Brahmarasayanam* was continued to achieve the *rasayana* effect. Since it was taken for many months, the *Rasayana* effect persisted for a longer time. There was reported improvement in mental and physical parameters at the one-year follow-up, showing optimal *ojas* derived from the *Rasayana*. Despite discontinuing the medication, her health improved, and she received excellent grades in her first year of PUC, showing no signs of adjustment disorder, which could be attributed to long-term *Rasayana* use.

4. CONCLUSION

The patient diagnosed with Adjustment disorder (*Manodukkhaja-Kapha-Vataja-Unmada*) was efficiently managed utilising *unmada-chikitsa* without any recurrence. *Shamana*, *Shodhana*, *Panchakarma* therapies and *Rasayana* were administered at OPD and IPD levels. *Sattwavajaya chikitsa* was done with relaxation and mind-control therapies. Patient was advised *pathya-apathya*; and to maintain follow-up where no side effects or adverse drug reactions were noted. At follow-up after one year, no signs of Adjustment disorder were reported in the patient.

Psychosomatic disorders are challenging; hence, Ayurveda treatment proved beneficial both in the disease-specific and overall well-being of the patient, resulting in positive outcomes subjectively and objectively on the HDRS and HARS scales.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - As per the patient, she is doing well in studies and feels energetic and happy after the treatment and during the follow-ups

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