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CASE REPORT

AYURVEDIC MANAGEMENT OF TREATMENT RESISTANT SCHIZOPHRENIA- A CASE REPORT

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SUMMARY

Treatment Resistant Schizophrenia (TRS) is clinically challenging disease to treat as the symptoms presented complicate the clinical course of the disease and a large proportion of patients do not reach functional recovery. Till date, Clozapine and augmentating therapy is the only effective medication to treat the disease in contemporary science. In Ayurveda, *Sannipataja Unmada* management can be taken as guidelines to treat TRS. In the present case, Ayurvedic management like *Shodhana* and *Shamana* with *Medhya rasayana* drugs opened a new possibility to treat the disease & improve the quality of life.

Keywords: - Treatment Resistant Schizophrenia, *Sannipataja Unmada*, *Shodhana*, *Medhya rasayana*.

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INTRODUCTION

Treatment Resistant schizophrenia is the object of intense interest because of recent developments in its treatment and etiology. Approximately 30% of patients of schizophrenia meet these criteria.[1]Life time suicide rate in treatment resistant schizophrenia is 9-13 %[2].Before defining a patient as treatment resistant, it is important to consider whether the patient has received an inadequate duration of treatment and or too low or too high dosage of neuroleptic drugs[3].

Definition of treatment resistant schizophrenia denotes patients with schizophrenia who has inadequate response to at least two adequate trials of classical neuroleptics at the maximum tolerated dose within the recommended therapeutic range, in trials lasting 6 weeks[3]. The disease reflects the view point of people with illness, their family members and mental health care givers. Treatment of patients with TRS is generally more expensive than that of neuroleptic responsive patients because their symptamatology and disturbed behavior leads to more frequent and longer hospitalization. [4]

The *Nidana* (cause), *Lakshana* (symptoms), *Samprapti* (pathogenesis) and *Sadhya-Asadhyata* (prognosis) of *Sannipataja Unmada* resembles the course and presentation of TRS.[5] In this case the aim of treatment was to manage the disease without further worsening and to provide better quality of life to the patient with continuous medication.

CASE REPORT:

A 25 year old Hindu unmarried male from Mandya (Karnataka) previously diagnosed with TRS in NIMHANS, Bangalore reported with his brother to Manasa Roga (Psychiatry) OPD of SDMCA&H, Hassan with an O.P No. 007640 in February 2014 with the following complaints:

Chief complaints-

He presented with listening to voices of somebody speaking about him (*Swanah Karnayoho*), loss of interest in doing work (*Jadyata*), loss of memory (*Smriti Nasha*), increased fear to meet the people (*Bhaya)*, intense fear of being followed by somebody (*Samshaya*), feeling to sit alone (*Sthanam Ekadeshe*), decreased sleep (*Anidra*), feeling of worthlessness , hopelessness, suicidal ideations since 7 years.

History of present illness- Patient and his brother reported that he insidiously developed listening to voices of somebody speaking about him and being followed by somebody, leading to increased fear to meet people 7 years back. The symptoms gradually worsened in next 3 months which made him to leave his job from bakery due to loss of concentration and decreased memory. He then approached NIMHANS –Bangalore, where he was evaluated and diagnosed as Schizophrenia and

treated with atypical antipsychotics with monotherapy priorly. Patient continued prescribed medicine regularly but the symptoms persisted and developed decreased sleep, feeling of worthlessness and hopelessness since 3 years. Then he was treated with newer generations of antipsychotics with augmenting therapy. No admissions were present throughout 7 years. No ECT was given. Since 6 months symptoms worsened and he developed suicidal ideations but no suicidal attempts were present. In spite of 6 years of neuroleptic treatment, as he did not respond to treatment as expected he was diagnosed as treatment resistant schizophrenia and was on T. Clozapine 100mg 1-0-2 and T.THP 2mg 1-1-0. The patient stopped all the medications by self 3 months ago as he did not find any improvement and his ability to perform routine works was impaired but the condition remained the same. He was not a known case of alcoholism and smoking. Family history revealed that his mother had pre senile dementia and no family history of schizophrenia was present. His personal history suggested his appetite was normal, bowel and bladder were regular and sleep was disturbed.

Investigations: Routine haematological and urine investigations were normal.

Systemic Examination- Systemic examination was normal.

Mental Status Examination:

Appearance and Behavior**:** Mr. X was a moderately built and nourished man, appropriately dressed well in casual clothes, with no evidence of poor personal hygiene and abnormal movement. He was not objectively hallucinating. He was polite, appropriate and maintained good eye contact. His behavior towards the examiner was cooperative.

Speech: His speech was normal in tone and volume, rate was fast, relevant and stammering was noted.

Mood: Subjectively I AM NOT OK, anxiety and worry present.

Affect: Appropriate, congruent, sad, anxious and stability present.

Thought: Delusion of persecution and reference, suicidal ideation with negative thoughts were present.

Perception: Auditory hallucinations were present. No illusions noted.

Cognition: Alert, oriented to time, place and person. Impairment in concentration and short term memory was elicited. Impairment in arithmetic, vocabulary and general information was found.

Judgment: Intact

Insight: Present.

The Psychotic symptoms were assessed by Mental Status Examination and Positive and Negative Syndrome Scale before admission, last day of admission and during follow up

Diagnosis and treatment given- Based on the symptoms, diagnosis was made as *Sannipataja Unmada* and treatment was followed as per *Chikitsa Sutra*[6]

Table 1: ADMISSION AND DISCHARGE MEDICINE TABLE

Date	Treatment given	Observation	Positive and Negative Syndrome Scale
1st admission (18/2/14– 1/3/14)	Day1 to 3: Takradhara Panchakola phanta 50 ml tid before food Day4 to 9: Aarohana Snehapana with Kalyanaka Ghrita Day12: Virechana with Trivrth lehya 70 gms. Day1 to 15: Dynamic exercises, Yoga and Pranayama, Counseling sessions(Motivation oriented)	Delusions of persecution and reference Auditory hallucinations Suspiciousness Emotional withdrawal Social withdrawal Difficulty in abstract thinking Somatic concern Insomnia Anxiety Guilt feelings Depression Poor attention Active Social avoidance Lack of motivation	PANSS was 60 (at the time of admission)
Discharged on 01/03/14	Manasamitra Vati 2-2-2 Kalyanaka Ghrita 2tsp twice before food Unmadagaja Kesari Rasa 2-2-2	All symptoms were present as noted at the time of admission	PANNS- 60

2nd admission 26/03/14-12/04/14	Same treatment was followed as in 1st admission	All symptoms were present as in 1st admission.	PANNS-60
Discharged on 12/04/14	Manasamitra Vati 2-2-2 Kalyanaka Ghrita 2tsp twice before food Unmadagaja Kesari Rasa 2-2-2. Brahmyadi Yoga (E.Q. of Brahmi, Sarpagandha,Tagara, Jatamansi, Kushta, Vacha) 2tsp twice	All symptoms were present as in 1st admission.	PANNS-60
3rd admission 01/05/14- 12/5/14	Day1 to 3:Takradhara Panchakola phanta 50 ml tid Day4 to 11: Mustadi Yapana Basti. Niruha with Mustadi Ksheerapaka. Anuvasana with Kalyanaka ghrita. Day1 to 11: Dynamic exercises. Yoga and Pranayama Counseling sessions (Motivation Oriented)	Mild improvement was noted in sleep initiation, short and recent memory. Improvement in abstract thinking. Reduced somatic concern. Motivated to do work. Reduced anxiety mildly. Auditory Hallucinations, Delusions of Persecution and Delusions of reference were present.	PANNS-56
Discharged on 12/05/14	Brahmyadi Yoga 2tsp bd Kalyanaka ghrita 2tsp bd Manasamitra vati 2-2-2	Same symptoms present as in 3rd admission	PANNS-56

4th admission 01/06/14-15/6/14	Treatment done as in 1st admission.	Sleep improved. Interest in work present, Vocabulary and arithmetic comprehension improved Fear reduced, Mood was I AM OK. Delusions of persecutions and reference reduced mildly. Auditory hallucinations reduced	PANNS-52
Discharged on 15/06/14	Brahmyadi Yoga Kalyanaka Ghrita 2tsp BD Manasamitra vati 2-2-2	Same symptoms noted during the 4th time of admission.	PANNS-52

Table 2: FOLLOW UP TABLE

Date	Treatment given	Observation	Positive and Negative Syndrome Scale
1st follow up on 26/03/14	Manasamitra Vati 2-2-2 Kalyanaka Ghrita 2tsp twice before food Unmadagaja Kesari Rasa 2-2-2	Delusions of persecution and reference Auditory hallucinations Suspiciousness Emotional withdrawal Social withdrawal Difficulty in abstract thinking Somatic concern Insomnia Anxiety Guilt feelings Depression Poor attention Active Social avoidance Lack of motivation	PANNS- 60
2nd follow up on 01/05/14	Manasamitra vati 2-2-2 Kalyanaka Ghrita 2tsp twice before food Unmadagaja Kesari Rasa 2-2-2. Brahmyadi yoga (E.Q. of Brahmi, Sarpagandha,Tagara, Jatamansi, Kushta, Vacha) 2tsp twice	All symptoms were present as in 1st follow up.	PANNS-60

3rd follow up on 01/06/14	Brahmyadi Yoga 2tsp BD Kalyanaka ghrita 2tsp BD Manasamitra vati 2-2-2	Mild improvement was noted in sleep initiation, short and recent memory. Improvement in abstract thinking. Reduced somatic concern. Motivated to do work. Reduced anxiety mildly. Auditory Hallucinations, Delusions of Persecution and Delusions of Reference were present.	PANNS-56
4th follow up on 03/07/14	Brahmyadi Yoga Kalyanaka Ghrita 2tsp BD Manasamitra vati 2-2-2	No anxiety, No suicidal ideations, started going to work, vegetative symptoms improved Delusions of reference and persecution occasionally. Auditory hallucinations occasionally	PANNS-50
5th follow up on 16/07/14	Brahmyadi Yoga 2tsp BD Kalyanaka Ghrita 2tsp BD Manasamitra vati 2-2-2	Speech rate was increased, (thus Vacha proportion was not added to Brahmyadi combination) All other symptoms present as during the last follow up period.	PANNS-50
6th follow up on 18/08/14	Brahmyadi Yoga (without Vacha) Kalyanaka Ghrita 2tsp BD Manasamitra vati 2-2-2	Speech rate was normal. Delusions occasionally in a week No suicidal ideations	PANNS-50

RESULT

The treatment given as per the guidelines of *Sannipataja Unmada* in TRS was effective in reducing the difficulty in abstract thinking,anxiety, insomnia, depression , fear of physical illness, guilt feelings, active social avoidance.Though the disease was not completely cured but the patient improved moderately and was able to do his activities of daily living.

DISCUSSION

In this case, treatment was planned based on the *Chikitsa Sutra* of *Sannipataja Unmada* which consists of *Snehapana*, *Virechana, Nasya, Basti* [(6)]. As *Sannipataja Unmada* is a *Bahudoshaja* condition repeated *Shodhanas* were planned[(7)]. *Shodhana* helps in *Manah Prasada, Smriti vardhaka* and acts on *Vata dosha*[(8)]. *Vata* which in turn controls *Mana*[(9)]. In 3rd admission, *Mustadi Yapana Basti was planned which consists Niruha with Mustadi ksheerapaka* and *Anuvasana with Kalyanaka Ghrita* for 10 days in the form of *Yoga Basti*. The *Dravyas* used for *Basti* are *Kashaya Tikta Rasa*, *Vatahara, Medhya* and *Buddhivardaka* property indicated in *Unmada*[(10)]. *Shamanaoushadi* (palliative treatment) includes the *Brahmyadi yoga* , which contains equal quantity of *Brahmi* (Bacopa monneri), *Vacha* (Acorus Calamus), *Sarpagandha*(Rauwolfia serpentine) , *Tagara* (Valeriana wellichi), *Jatamansi*(Nardostachys jatamansi) and *Kushta*(Sauserria lappa). *Manasamitravati* and *Unmadagajakesari rasa* indicated in Unmada[(11)].

CONCLUSION

Treatment resistant schizophrenia is a challenging disease to treat. Ayurvedic guidelines consisting of regular repeated *Shodhana, Basti* , *Medhyarasayana* have shown reduction in general psychopathology of TRS improving the quality of life. Further randomized clinical trials are required to substantiate the present findings.

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