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Ayurveda Management of Bipolar Affective Disorder – A Case Study

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ABSTRACT:

Bipolar Affective disorder (BPAD) earlier known as manic depressive psychosis (MDP) is a major psychiatric disorder all around the world, which is mainly characterized by frequent and recurrent episodes of mania, hypomania, and depression. A majority of complete aetiology or pathogenesis of BPAD is unknown. As per Ayurveda, Bipolar affective Disorder shows symptoms as mentioned in *unmāda*. *In unmāda*, there is significant impairment in the domains of *manas, buddhi, samjnājnāna, smṛti, bhakti, śīla, ćeşţa, as well as ācāra.* Many of the *nidāna* mentioned in *unmāda like virudha, duşţa, aśući bhojana, bhaya, mano abhighāta, viśama ćeśţa* can be identified as the triggering factors in Bipolar affective Disorder. A 18 year old female presented in the OPD with increased worries especially in the evening, hopelessness regarding her future, increased anger and sadness, occasional impulsivity , symptoms can be merely correlated with *kaphajonmāda with anubandha of pitta.* Internally she was given medicines to manage her depression and anxiety. She was also advised procedures like *takrapāna* followed by *uttamamātra snēhapāna* was done as a **śodhana** therapy following abhyanga and *ūşma sweda*. *Thereafter virecana, nasya śirodhāra and talapotichil*. During this time she was also subjected to meditation and counselling techniques as well.The patient responded satisfactorily to the treatment and her symptoms improved significantly. There was marked reduction in her pessimistic attitude. HAM D scale score before treatment was 21 while it reduced to 10 after treatment. Also the HAM A scale score before treatment was 15 while it reduced to 8 after treatment..

Keywords : Bipolar affective disorder, HAM A Scale, HAM D Scale, *Āyurveda, Srotośodhana*

INTRODUCTION

Bipolar Affective disorder (BPAD) is one of the world's ten most disabling conditions, earlier known as manic depressive psychosis (MDP) is a major psychiatric disorder all around the world, which is mainly characterized by frequent and recurrent episodes of mania, hypomania, and depression.[1] A majority of complete aetiology or pathogenesis of BPAD is unknown. The prevalence rate is

approximately 1% across all populations. All Bipolar disorders are chronically recurring illness associated with substantial morbidity and mortality.[2] As more is known about the epidemiology of bipolar disorder, it has become apparent that some people do not experience manic episodes, but nonetheless do experience episodes of mood elevation that are clearly noticeable to themselves and others (hypomania)- as well as depressive episodes. To accommodate these heterogeneous clinical pictures, bipolar disorder has been divided into bipolar disorder, type 1 (mania ± depression) and bipolar disorder, type 2 (hypomania + depression). This disorder is characterized by repeated (i.e. at least two) episodes in which the patient's mood and activity levels are significantly disturbed, this disturbance consisting on some occasions of an elevation of mood and increased energy and activity (mania or hypomania), and on others of a lowering of mood and decreased energy and activity (depression). Characteristically, recovery is usually complete between episodes, and the incidence in the two sexes is more nearly equal than in other mood disorders. Manic episodes usually begin abruptly and last for between 2 weeks and 4 - 5 months (median duration about 4 months). Depressions tend to last longer (median length about 6 months), though rarely for more than a year, except in the elderly. Episodes of both kinds often follow stressful life events or other mental trauma, but the presence of such stress is not essential for the diagnosis. The first episode may occur at any age from childhood to old age. Remissions tend to get shorter as time goes on and depressions to become commoner and longer lasting after middle age.[3] As per Ayurveda, Bipolar affective Disorder shows symptoms as mentioned in *unmāda*. In *unmāda*, there is significant impairment in the domains of *manas, buddhi, samjnājnāna, smṛti, bhakti, śīla, ćeşţa*, as well as *ācāra*[4]. Many of the *nidāna* mentioned in *unmāda* like *virudha, duşţa, aśući bhojana, bhaya, mano abhighāta, viśama ćeśţa* can be identified as the triggering factors in Bipolar affective Disorder[5]. Also, symptoms as mentioned in the context of *unmāda* like *manovibhrama, asthāne rodana, ākrośa, krodha, abhidrava, alpa vākyata*, are manifested here[6]. Hence, considering all these factors, the Ayurveda diagnosis can be made as *unmāda*.

Presenting complaints with history

A 18 year old female presented in the OPD with increased worries especially in the evening, hopelessness regarding her future, reduced interest in daily activities, increased negative thoughts regarding her studies, future, job, communication with others and reduced concentration in studies.

On enquiring she reported that she had developed these symptoms over the last 3 years. Further interrogation revealed that she had 2 episodes of violent behaviour including harming her family members. She developed the above mentioned symptoms gradually. On mental status examination, she was found to have depressed and anxious mood and affect in addition to her pessimistic thoughts. As the patient presented with low esteem, nihilistic thoughts, reduced concentration, liking solitude, fatigue, loss of interest / pleasure, worthlessness, hopelessness, increased anger and sadness, occasional impulsivity , symptoms can be merely correlated with *kaphajonmāda with anubandha of pitta.*

Clinical examinations

On assessing mental status examination of the patient, she was well dressed, co-operative towards the examiner, comprehended well, gait and posture was intact, motor activity was slightly decreased, social manner was maintained and rapport was established. On assessing speech, rate and quantity was decreased, volume was decreased and flow and rhythm was continuous. Mood and affect was found to be sad, depressed, anxious and fearful both subjectively and objectively. Also, mood and affect were congruent. Stream and form of thought were continuous. Pessimism were present in the content of thought. No abnormalities in perception, i.e. no hallucinations were reported. In cognition, patient was found to be conscious, oriented to time, place and person. Attention, concentration and general intelligence were appropriate along with abstract thinking, reading and writing ability and visuospatial ability. Immediate retention and recall, recent memory and remote memory were also intact. Insight was found to be grade 4 and judgment was also intact. Impulsivity was present occasionally.

Ayurveda clinical examinations

Aśta vibhrama as mentioned in *unmāda* was assessed.[4] *Vibhrama* in *manas* was found to be present as there was impairment in *manonigraha*, *ūha* and *vićāra* as she was unable to resist her pessimistic thoughts. No impairment in *buddh*i, *samjnājnāna*, and *smṛti* was present. *Bhakti* showed slight impairment as her desire for food was very more. *Śīla* was also impaired as she had reduced sleep. *Ćeşţa* and *ācāra* were impaired as she had no habit of cleanliness. *Daśavidha parīkşha* was also done[7].

Dosha - *Kapha -Pitta*
Dushya *-Ras Dhatu*
Rogi Bala- *Madhyama*
Prakriti- *Kapha-Pitta*
Mānasika Prakṛti - *Tamo-Rajas.*
Adhisthan-*Mana*
Satva- *Avara*
Sara- *Avara*
Abhyavaharaṇa Śakti - *Madhyama*
Jaraṇa Śakti- *Madhyama*

Diagnosis and assessments:-

The patient was diagnosed as having Bipolar affective disorder as per ICD 10[8] and *kaphajonmāda* with *anubandha* of *pitta* as per *Ayurveda*. She was assessed with HAM D [9] and HAM A [10] scale.and treatment protocol is given in Table 1. [11-23]

DISCUSSION

Ayurvedic descriptions of mental illness are mainly incorporated under the heading of *unmāda*. *Unmāda* is characterized by the disturbances of *Mana*s (mind), *Buddhi* (decision taking capacity), *Samjnā jnāna* (orientation and responsiveness), *Smriti* (memory), *Bhakti* (desire), *Šīla* (personality), *ćeşţa* (psychomotor activity) and *Acāra* (conduct). As the patient presented with low esteem, nihilistic thoughts, reduced concentration, liking solitude, fatigue, loss of interest / pleasure, worthlessness, hopelessness, increased anger and sadness, occasional impulsivity , symptoms can be merely correlated with *kaphajonmāda* with *anubandha* of *pitta*. The *vibhrama* of manas and buddhi gives an impression of an evident *srotorodha w*hich needs to be considered while formulating the treatment protocol. Hence, while planning the treatment, the derangement of all the do*ṣ*a were considered along with an implication for *srotośodhana.* [24]

Considering her severity of symptoms, she was given the following internal medicines:-

1. *Aśwagandhārishtam* [25] 30ml,bd,after food
2. Alert capsule 1-0-1, bd with *Ariṣhta*
3. *Drākşadi Kaṣhāya* [26] 90ml,bd,before food
4. *Aśwagandha* [27] *+ Yaśti* [28] *+ Śweta Sankhupuṣhpi Ćūr*ṇa [29] – 1⁄2 tsp twice daily after food with lukewarm water Thereafter, with a view to do *śodhana*, she underwent *Takrapāna* as *Rūkşaṇa* for 2 days. *Uttamamātra Snehapāna* was done with *Brahmi Ghṛta* which has a property of *medhākṛt* with a starting dose of 30 ml and went up to 200 ml in 2nd day . *Abhyanga* and *Ūshma sweda* was done followed by *Virećana* with *Avipatti Ćūrṇa* 25gm. with the intention of an immediate *srotośodhana, nasya* with *Vilwādi gulika* was planned after *Virecana* which would give a subtle stimulation as well. She was also advised to undergo *dhūpana* daily with drugs having *srotośodhana* properties. During this time she was also subjected to meditation and counselling techniques as well which helped to relax her and calm her down enabling her to think logically and rationally. *Śirodhāra* with *Triphala* and *Daśamūla Kaṣhāya* was given for 7 days followed by *talapothichil* with *samjnā*sthāpana gana. As a result of all these combined treatment modalities, after the initial *snehapāna* itself, she started responding satisfactorily and was able to partly resist her depressive thoughts. Also, she showed significant reduction in the HAM A and HAM D Score to 8 from an initial 15 and 10 from 21 respectively. On discharge, she was advised to continue the medications along with the meditation and relaxation techniques that she was doing while under treatment. [30]*Ayurveda*, which adopts a holistic and comprehensive approach of an individual's physical as well as mental aspects. Ayurveda treatment of BPAD disorder therefore involve increasing *satva guṇa* along with addressing other vitiated do*ṣ*a, which envisages a stable and peaceful mind through self-realization and self-control, along with appropriate changes in diet and lifestyle.

CONCLUSION

Various types of pharmacological and non-pharmacological treatments are available for curing and maintaining the bipolar disorder. In *Ayurveda*, the prime focus while treating any disease is to identify the impaired equilibrium of the *tridoşa* and thereby incorporating treatment modalities that address the vitiated do*ṣ*a and bring them back into normalcy. We also need to understand that along with internal medicines as well as external treatment procedures, techniques like counselling, relaxation and meditation also has an important role to play in helping the patient deal with problems. The selected protocol was observed to be effective in Bipolar affective disorder especially in managing the depression associated with it. Furthermore evaluations regarding follow ups along with more documentations are required for

generalization of the observed results.

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Table 1 Treatment Time line

PROCEDURE	NUMBER OF DAYS	MEDICINES	DOSE	RATIONAALE
Takrapāna	*2*	*Vaiśwānara Ćurṇa [11]*	*10gm*	*Rūkṣaṇa*
Snehapāna	*2*	*Brahmi Ghṛta [12]*	*30ml – 1st day* *30 ml– 2nd day*	*Snehana*
Abhyanga + Ūshma Sweda	*1*	*Dhānwantaram Taila [13]*		*Snehana and Swedana*
Virecana	*1*	*Avipatti Ćūrna [14]*	*25gm*	*Śodhana*
Nasya	*3*	*Vilwādi gulika [15]*	*1st day – 1ml each* *2nd & 3rd day – 2ml each*	*Srotośodhana*
Dhūpana	*14*	*Haridra [16], Dāruharida [17], Kuṣţha [18] , Vaća [19] , Jaţāmānchi [20]*	*20 minutes*	*Srotośodhana*
Pratimarśa nasya	*10*	*Vilwādi gulika [15]*	*4 drops per each nostril*	*Doşaśamana*
Śirodhāra	*7*	*Triphala [21] & Daśamūla kashāya [22]*	*1 hour*	*Doşaśamana*
Talapotichil	*3*	*Samjnasthāpana gana [23]*	*1 hour*	*Doşaśamana*