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Schizophrenia and the approach of Ayurveda

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ABSTRACT

Schizophrenia is a rigorous disorder which affects the way, a person thinks, feels and acts as well. Approximately 1 million cases are reported per year in India, as per reported trials. Schizophrenia is a major cause of disability, with active psychosis and ranked as the third most disabling condition after quadriplegia and dementia. The exact cause of schizophrenia isn't known, but a combination of genetical, environmental, altered neurotransmitters and structural or organic changes are expected to have a combined role in the pathology. Schizophrenia is characterized by thoughts or experiences that seem out of touch with reality, disorganized speech or behavior and decreased participation in the daily activities, difficulty with concentration and even memory. Treatment is usually lifelong and often involves a combination of medications, psychotherapy and coordinated specialty care services. Even with the ongoing medical advancements, the success rate of the management is less than the expectations, as per reports all over the world. The medical world is looking towards the alternate system for contributions, in this area. Ayurveda has seriously discussed mind, its function, the alteration of the functions and the resultant disorders, with their respective clinical approaches, in a very positive and enhanced manner. The disease can be well addressed using the Ayurvedic clinical parameters, assessing the doshas of the body as well as the mind, in the perspective of the condition of Unmada. A detailed clinical protocol starting with snehapana, followed by Vamana or Virechana, Vasthi, Nasya ending in Rasayana therapy is usually adopted in solemn conditions, such as Schizophrenia. In mild presentations, suitable samana drugs are also observed as effective, as per the condition. This paper is an attempt to explore the role of Ayurvedic modalities in the management of Schizophrenia with the rationalization, through the light of basic principles of Ayurveda.

Keywords: Schizophrenia, Manas, Unmada, Snehapana, Rasayana, Satvavachaya

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INTRODUCTION

Maintaining a good mental health is crucial to living a long and healthy life and it is not the mere absence of a mental disorder. Evidence suggests that nearly half of the world's population is affected by mental illness with an impact on their self-esteem, relationships and ability to function in everyday life¹ This has to be dealt with seriously as Mental illness affects not only the person themselves, but the people around them as well as the society. WHO states that the mental well-being of an individual is assessed with the person being able to realize their abilities, cope with the normal stressors of life, work productively and is able to contribute to the community.² All these areas get affected in one or other manner, in one of the commonest psychiatric conditions, the Schizophrenia.

Schizophrenia is a chronic and severe brain disorder that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others³. Although it affects barely 1% of the population, it is one of the most disabling diseases affecting humankind. Almost 24 million cases are reported globally as of Schizophrenia with males more often affected than females among which, about 20% of people do well, and a few recover completely.⁴ The average life expectancy of people with the disorder is ten to twenty-five years less than for the general population.⁵ Symptoms typically come on gradually, begin in young adulthood, and last a long time.

Schizophrenia - Clinical features

As per the DSM-V to be diagnosed with schizophrenia, two diagnostic criteria have to be met over much of the time of a period of at least one month, with a significant impact on social or occupational functioning for at least six months. The person had to be suffering from delusions, hallucinations, disorganized speech and behavior. A second symptom could be negative symptoms, social withdrawal, extreme apathy i.e. Lack of interest or enthusiasm, lack of initiation and emotional blunting. There may be severely disorganized or catatonic behavior as well⁶.

A combination of genetic, environmental, substance abuse and developmental factors are believed to play a role in the development of schizophrenia which alters either the psychological or neurological mechanisms⁷. Because the neural circuits are altered, many suggest that Schizophrenia could be thought of as a neuro developmental disorder with psychosis occurring as a possibly preventable late stage. Functional differences seem to occur most commonly in the frontal lobes, hippocampus and temporal lobes as per PET studies⁸.

Factors leading to a good prognosis – female patient, having few negative symptoms, no family history, high level of functioning prior to onset, acute onset, older age of onset; a good support system, shorter period of active symptoms etc.⁹

Management

While no cure for schizophrenia exists, many people with this illness can lead productive and fulfilling lives, with the proper treatment. Management of schizophrenia requires integration of medical, psychological, and psychosocial inputs and probably is best carried out by a multidisciplinary team, including a combination of a psycho-pharmacologist, a counselor or therapist, a social worker and a nurse. Antipsychotic medications diminish the positive symptoms of schizophrenia and prevent the relapses¹⁰. Approximately 80% of patients relapse within 1 year if antipsychotic medications are stopped, whereas only 20% relapse if treated continuously¹¹.

On the other side, the first-generation antipsychotic drugs tend to cause extrapyramidal adverse effects and elevated prolactin levels. The second-generation drugs are more likely to cause weight gain and abnormalities in glucose and lipid control; in addition, they are often more expensive than the first-generation drugs¹². Akathisia, Dystonias, Hyperprolactinemia, Neuroleptic malignant syndrome (NMS), Parkinsonism, Tardive dyskinesia (TD) are reported in those on a dose of more than 6 mg per day.¹³

Eventhough the medicine has advanced a lot, in the case of Schizophrenia, the efficacy is less than one may expect. Males have a 5.1 greater than expected early mortality rate than the general population, and females have a 5.6 greater risk. Studies have shown that they have double the rate of motor vehicle accidents per mile driven¹⁴. There is some evidence that individuals with Schizophrenia have more infections, heart disease, type II diabetes, and breast cancer, all of which might increase their mortality rate¹⁵. Here comes the area for the intervention of the alternate medical systems like Ayurveda, for helping the affected mankind.

Ayurvedic scenario

Ayurveda explains that there is two sub-stratum for any disease, the body and the mind and also these two are inseparable in any condition¹⁶. The term “mana” refers to, one which perceive and comprehends the knowledge. Manas is the activator and coordinator of entire body mechanisms and hence termed as atetriya or super sense organ. Manas is unperceivable and inferred based on presence or absence of the knowledge¹⁷.

When the manas is perverted, the person does not think of such things which are worth thinking; on the other hand he thinks of such things which are not to be thought of. So both form or process of thought (the way in which the person is thinking), and thought content are disordered¹⁸.

When the manas become perverted all its functions are disordered. ie. chintyam (thought), vicaaryam (consideration), oohyam (hypothesis), dhyeyam (attention), samkalpyam

(determination) or whatever can be perceived by means of mind, are regarded as the objects of manas¹⁹. All or selected of the faculties are affected, as per the extent of the disease.

Altered function of the manas results in misinterpretation of the external stimuli and perception without of external stimuli (illusion and hallucination respectively). Self-control of manas and control over the indriyas are also lost. Loss of self-control leads to the overly expression of emotions such as anger, greed, passion, hatred etc. When the control over sense organs is lost, atiyoga, ayoga or mithya yoga of sense organs, commence. This leads to the alteration in the function of manas. So manas is unable to decide what to do and what not to do before performing an action. Such pathologies of the mind are explained in detail under the terminology of “Unmada” in Ayurveda²⁰.

The above said eight factors can be used as a parameter for examining the mental status of a person. Any impairment in these factors indicates mental disorders. By analyzing the eight components or faculties of the mind and its perversion, any Psychiatric disease can be approached for the purpose of management, rather than the nomenclature²¹.

Pathogenesis

In Ayurvedic perspective, the major psychotic disorders like Schizophrenia and bipolar disorders are categorized under the purview of Unmaada. The involvement of the doshas, Vatha, Pitta and Kapha as well as the combinations categorize the symptoms of the condition. Similar is the distribution of the doshas associated with the functioning of mind, the Satwa, Rajas and Tamas²². Another contributory factor leading to the condition is the external causes or insult affecting the mind, explained as the Bhootonmada²³.

Intake of unwholesome food or *viruddha aahaara*, misbehaviour or misconduct, mental trauma caused by diverse manobhaavaas like kaama, krodha etc. Visha or abuse substances with the gunas opposite to that of ojas and affecting the mind, alpasatvata i.e. feeble minded persons are prone to the manifestation²⁴.

Symptomatology

Dhee vibhrama (perversion of intellect) is a major symptom found in psychotic disorders. Dhee is a faculty of intellect to preserve knowledge, for creating rational thinking and intriguing decision. Dhee vibhrama results in the misinterpretation of objects and judges nitya as anitya and hita as ahita, real as unreal and true as untrue²⁵. It may be compared with absurd thought content which include delusion, suicidal ideation etc. *Abaddhavaaktvam* or incoherent speech is also due to abnormal thought processing. *Adheerata* is the lack of mental confidence which is very commonly observed in almost all the psychiatric conditions.

Hritayasoonyata may indicate the blunted affect and the inability to experience sukha and dukha indicate inappropriate affect or blunted affect, which is commonly seen schizophrenia.

Paryaakula drishti or lack of eye contact may be in response to delusion or hallucination or indicative of anxiety or phobia. *Achintitaarambha* ie. absence of planning and judgement results in the impulsivity, or psychomotor agitation. *Satva pariplava* or fickleness of mind and *cheto bhramana*, may be considered as abnormal thought processing like loosening of association, tangentiality, flight of ideas etc²⁶.

The dominance or alteration of Doshas results in the variation of the symptomatology. The features of Unmaada and its comparative appraisal with Schizophrenia if studied, reveals that the positive symptoms of Schizophrenia mimics the characteristics of Vaatika Unmaada with several features of association of Pitta ie. also few features of Pitta Unmada is also reported²⁷.

Management

The protocol is to be formulated based on the severity of the symptoms to decide whether *sodhana* or *samana*, is ideal for the individual. The next thinking should be about the cause whether it is *nija* or internal or *aganthu* or external cause, the approach varies. The third one is regarding the status of the involved or associated doshas.

Snehapaana is indicated for Vaatika Unmaada, where combinations such as *Mahakalyanaka*, *Dhanwantara*, *Indukanta* etc. are used²⁸. If there is *avarana* or functional obstruction from the other doshas, *sodhana* should be done before *snehapaana* by using mild *shodhana* drugs such as medicated *eranda* ie. castor oil or *misraka sneha* in meek dose. In *Pittaja* and *Kaphaja* Unmada, *sodhana* therapies like *Vamana*, *Virecana*, *Nirooha* and *Nasya* should administered after doing *snehana* and *svedana*. *Tiktaka gritha* or *Mahatiktaka gritha* for *Pittaja* and *Panchagavya* for *Kaphaja* are the usual combinations for *snehana*.²⁹

Vamana is performed in *Kapha* dominant combination and *virechana* in *Pitta* dominant ones with selected drugs³⁰. Depending upon the severity of doshas, these therapies need to be administered, in a repeated manner.

Even after *sodhana* if the patient exhibits perversion of *manas* etc., then he should be given *teekshna nasya*, *anjana* etc³¹. Further is the role of psychotherapeutic measures such as *harshana*, *aashvaasana*, *traasana* etc. which is detailed under *Satwavachaya chikitsa*³². These are helpful for stimulating the mind, intellect and the body. The patient suffering from Unmada is to be administered with *sirodhara*, *sirolepa*, *dhoomapana* etc. to stimulate the body as well as the mind hence promoting the intellect, memory and consciousness³³.

CONCLUSION

The principles of Ayurveda is sound enough to approach any clinical conditions at present or yet to manifest. In the present context, Schizophrenia is having such a variety of presentation, such that each case has to be approached in a unique manner. The distribution of the doshas and their combination has to be analyzed before framing the protocol. The entire condition

has to be approached on the context of Unmada. Sodhana treatment followed by samana and rasayana is the proposed protocol. The treatment has to be continued due to the chronicity of the disease and the Sodhana has to be repeated in the same patient. The psychotherapeutic techniques have to be followed along with the medications, for better outcome. Such an approach is ideal in the management of Schizophrenia and enhances the acceptability of Ayurveda all over the world and is also a real boon to the affected community in particular.

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