

**AYURVEDIC MANAGEMENT OF BIPOLAR DISORDER WITH CURRENT EPI-
SODE OF DEPRESSION (*KAPHA PAITTIKA UNMADA*) - A CASE REPORT****[DHANYA T B¹](#), **[SATHEESH K²](#), **[TOOLIKA E³](#)******

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Article Received: 14/01/2023 - **Peer Reviewed:** 31/01/2023 - **Accepted for Publication:** 09/02/2023.**ABSTRACT**

Bipolar Disorder is characterised by recurrent episodes of mania and depression in the same patient at different times. The prevalence of Bipolar Disorder in India is one in one fifty persons or 0.3% and 70 % of the remaining are untreated as per Indian National Mental Health Survey¹. A depressive episode is characterised by a depressed mood, diminished interest, weight loss or weight gain, insomnia or hypersomnia, suicidal ideation, and fatigue. Symptoms of depression can be similar to *kapha paittika unmada* in our classics. The purpose of the case report is to analyse the effect of ayurvedic treatment in the management of bipolar disorder with current episodes of depression and also this case illustrates, how to manage bipolar disorder. This case was admitted in the Government Ayurveda Research Institute of Mental Health and Hygiene (GARIM), Kottakkal. In this case, the patient got marked relief after one month of treatment. There was a significant change noted in Hamilton Depression Rating Scale after the treatment.

Keywords: Bipolar disorder, *Unmada*, Hamilton Depression Rating Scale

INTRODUCTION

Bipolar disorder is a chronic mood disorder that causes intense shifts in mood, energy levels, and behavior. Manic and hypomanic episodes are the main sign of the condition, and most people with bipolar disorder also have depressive episodes. The condition is manageable with medications, talk therapy, lifestyle changes, and other treatments. Bipolar disorder (formerly known as manic-depressive illness or manic depression) is a lifelong mood disorder and mental health condition that causes intense shifts in mood, energy levels, thinking patterns, and behavior. These shifts can last for hours, days, weeks, or months and interrupt your ability to carry out day-to-day tasks².

There are a few types of bipolar disorder, which involve experiencing significant fluctuations in mood referred to as hypomanic/manic and depressive episodes. However, people with bipolar disorder are not always in a hypomanic/manic or depressive state. They also experience periods of normal mood, known as euthymia. During a depressive episode, you experience a low or depressed mood and/or loss of interest in most activities, as well as many other symptoms of depression, such as Tiredness. Changes in appetite, Feelings of worthlessness and hopelessness¹⁰. The sign of bipolar I disorder is a manic episode that lasts at least one week, while people with bipolar II disorder or cyclothymia experience hypomanic episodes. But many people with bipolar disorder experience both hypomanic/manic and depressive episodes⁷ These changing mood states don't always follow a set pattern, and depression doesn't always follow manic phases. A person may also experience the same mood state several times with periods of euthymia in between before experiencing the opposite mood. Mood changes in bipolar disorder can happen over a period of weeks, months, and sometimes even years. An important aspect of mood changes is that there is a departure from your regular self and that the mood change is sustained for a long time. It may be many days or weeks in the case of mania and many weeks or months in the case of depression⁸. The severity of the depressive and manic phases can differ from

person to person and in the same person at different times. An effective treatment plan usually includes a combination of the following therapies: Psychotherapy (talk therapy), Medications. Self-management strategies, like education and identifying the early symptoms of an episode or possible triggers of episodes, and helpful lifestyle habits, such as exercise, yoga, and meditation⁸. These can support, but not replace, treatment. Other therapies, such as electroconvulsive therapy (ECT) in cases that are poorly responsive to medication or where rapid control of symptoms is necessary to prevent harm⁹.

Depression can be correlated with various conditions mentioned in ayurvedic textbooks-like *Vishada*, *Avasada*, *Kaphaja unmada*, and *Manodukhaja unmada*. On the basis of dosha predominance, diagnosis can be taken as *Kapha paittika unmada*³. The symptoms of *Kapha paittika unmada* include *Alpaahara*, *Alpavak*, *Atinidra* and *Swayathu*, *Krodha*, and *Rosha* in this case. The line of treatment mentioned in Ayurvedic classes for *Kapha paittika unmada* includes *Vamana*, *Virecana*, *Snehana*, *Swedana*, *Vasthi*, and *Nasya*⁴.

PRESENTING COMPLAINTS WITH DURATION

A female patient aged 59 yrs., complaints of tiredness, increased anger, and crying spells for 4 months. According to the informant, the patient complained of decreased energy level, always feeling drowsy and lying in bed, being unable to do household activities, and decreased mingling with others for 4 months.

HISTORY OF PRESENTING ILLNESS

She was the 4th child of non-consanguineous parents born through FTND. she got married at the age of 22 yr. She used to quarrel with her husband and her parents over minor matters. After her first delivery, she was afraid of darkness, sadness, decreased sleep, and reduced appetite so they consulted a psychologist, and counselling was done After one-year symptoms reappeared like increased anger, increased talk, increased energy level, fear of darkness, and strangers. Then they consulted a psychiatrist at kolanchery, and continued medicine for 3 months, their symptoms were not relieved and she felt memory loss. She has

increased interest in sour items, after taking sour items like lemon, and orange, she said that she felt relaxed. After a few months, she discontinued medicines herself and the Symptoms reappeared such as heaviness of the chest and head, tiredness, and decreased energy level so they consulted a psychiatrist, and medicine was restarted and continued for 5 years. Meanwhile, she took ayurvedic medicines and underwent shirodhara treatment, and got relaxed. Later the dose of medication was reduced, only one tablet she was taking at that time, and continued for 8 years. In 2013, again appeared the symptoms like increased anger, increased talk, increased energy level, and fear of darkness and strangers so they consulted a psychiatrist in Emakulam hospital. In 2015, she consulted a physician and diagnosed goitre undergone surgery in April 2015 and she was also under medication for hypertension and diabetic mellitus. Since 4 months she gradually developed very severe tiredness, sadness, and increased anger. They got admitted to GARIM hospital, Kottakkal.

Physical examinations

Pulse rate was 97/min and regular; blood pressure was 100/60 mmHg; the temperature was 97.6 F and respiratory rate was 16/min. BMI was 22.7 with a height of 178 cm and a weight of 72 kg

Systemic examinations

Respiratory system-normal vesicular breathing, no added sounds. No abnormality was detected. Cardiovascular system- no murmurs, S1 and S2 heard. Integumentary system- no abnormalities were detected. The digestive system was found to be unaffected. In the nervous system, higher mental functions like attention and concentration were intact, abstract thinking was intact and the dimensions of speech like intensity and speed were reduced.

The Mental status examination (MSE)

The patient was moderately built and adequately groomed, and her look was appropriate for the age.

She was cooperative, eye contact was maintained, and rapport was established with ease. The psychomotor activity was slightly reduced. The intensity and pitch of the voice is low, reaction time was increased, and speed was reduced. The speech was relevant and coherent. The mood was found to be subjectively sad. The effect was congruent with mood. In thought, the form or process was continuous, content was hopelessness. There were no delusions or hallucinations. She was conscious and well-oriented to the time, place, and person. The attention, concentration, abstract thinking was intact and there was no impairment in intelligence, judgement and reading, or writing. The insight was graded as 6 as she was aware being ill. She was not impulsive in nature¹⁰.

Dasavidha pareeksha

Prakrti of the patient was *Vatapitta*. *Vikrti* (morbid-ity) was *Tridoshapradana kapha dushti with Pitha anubandha*. *Satwa*(psyche), *Sara* (excellence of tissues), *Samhanana* (compactness of organs), *Ahara sakthi* (digestive power), *Vyayama sakthi* (capacity of exercise), *Satmya* (suitability), and *Pramana* (body proportion) of the patient were of *Avara* level.

Assessment

The assessment was done using the Hamilton Depression rating scale which was found 14 at the time of admission.[table 2]

Treatment Given: Internal medications:

1. A combination of *Sarpagandha* [*Rauvolfia serpentina*], *Gokshura* [*Tribulus terrestris*], and *Swetha sankhapushpi* [*Convolvulus pluricaulis*] *Churna*- 2gram along with lukewarm water twice daily before food
2. *Shweta Sankhapuspi*[*Convolvulus pluricaulis*]- *aswagandha*[*Withania somnifera*,] *Churna* 5gram -10 am and 4 pm
3. *Mahat panchagavya gritam*-2 tsp /hs

Table-1: Treatment schedule

Procedure	Duration	Medicines	Rationale	Observations
Virechana	1 day	Avipathy choorna 20 gm with lukewarm water early morning before food	Koshta shodana Pitta shamana Making the patient adaptive for further treatment	Anger slightly reduced
Kashayadhara	7 days	Dried amalaki, guduchi, ushira	Pittashamana Rookshana	Irritability, tiredness reduced
Takrapanam	2 days	Ashtachurnam with 5 grams	Rookshana	No changes observed
Snehapana	5 days	Panchagavya gritam(30 ml to 160 ml)	Dosha uthkleshana	No changes observed
Abhynga and ushma sweda	3 days	Dhanwanthara tailam	Doshavilayana	No changes observed
Virechana	1 day	Avipathy churna 20 gm with lukewarm water early morning before food	Doshanirharana	The sad mood changed to happy
Yoga vasthi	8 days	Sneha vasthi with Tikthaka gritam-100ml Kashaya vasthi with Eran-damooladi kashayam	Vatashamana	Energy level maintained.
Nasyam	7 days	Kalyanaka gritham-1 ml each nostril	Urdwasodhana	Able to relax.

Table 2-Result

Scales	Scores-initial assessment	Score-20 th day	Score -AT
Hamilton Depression Rating Scale	14	4	1

After the treatment anger, and tiredness were reduced. The sad mood changed to happy. Energy level maintained and able to relax.

DISCUSSION

Psychiatric illnesses are fundamentally no different from medical illnesses. Historically, illnesses with prominent disturbance of psychological function or behavior and no obvious pathology came to be regarded as psychiatric. However, the modern world now knows that there is demonstrably altered brain function in many psychiatric disorders; psychiatric illness is no less real or less deserving of care than medical conditions. Ayurveda defines health as a

state of equilibrium of *Tridosha*, *Trimala*, *saptadhatu*, and homeostasis of mind and sense organs. *Graha Chikitsa* is one of Ayurveda's eight major branches that deal with the prevention and management of mental problems. In Ayurveda, *Unmada* is a disorder of *Manovaha srotas* causing *Vibhrama* of *Dhee* (intelligence), *Dhrti* (retention power), and *Smrti* (memory): these are deranged in depression. In this case, *Tamoguna* along with *Rajoguna* are affected. *Kapha pradhaana tridosha dushti* along with *Pitha* can be assessed. Treatment aspects include *Vamana*, *Virecana*, *Snehana*, *Swedana*, *Vasthi*, and *Nasya*. In this case, initially, *Virechana* was done with *Avipathy churna* as the patient had the symptom of anger, and also *kosta Shodanartha*, make the patient

cope -up for further treatment. *Avipathy churna* of *sahasrayoga* is a very commonly used combination for *virechana* in *Pittaroga*. It is named " *Avipatti* " because of its safe and harmless purgative action. As a part of external *Rookshana* and *Pittasamana*, *kashaya dhara* was done with dried *Amalaka*, *Guduchi*, and *Ushira*. *Utkleshana* of dosha purpose *snehapana* was done with *Panchagavya gritam* as indicated in *kaphaja unmada*. After that *dosha vilayanartha*, *Abhynga*, and *Ushma sweda* are done with *Dhanwanthara tailam*. *Dhanwanthara taila* has opted for this purpose because it has *Tridosahara* property and it has indicated in *Unmada*. Here, in this case, *Kapha pittaja* involvement is there, bipolar disorder underlined dosha is *Pitta*, in order to pacify the *Pitta* dosha. so *virechana* was done, not *vamana*, and also patient was not cooperative for *vamana* therapy. *Yogavasthi* was given to alleviate *vata*, and the patient's sad mood changed to happy. Finally, *nasyam* was given to pacify the *urdwadosha*,

CONCLUSION

Ayurveda therapy including *Kashayadhara*, *Snehapana*, *Virecana*, and *Yogavasthi*, *Nasyam* along with oral medicines is effective as well as safe in bipolar disorder with a current episode of depression. It helps in relieving the symptoms and thus improving the performance of the patient in her daily activities. Furthermore, evaluations regarding follow-ups along with more documentation are required for the generalization of the observed results.

REFERENCES

1. <https://health.economicstimes.indiatimes.com/news/diagnostics/one-out-of-150-suffer-from-bipolar-disorder-in-india-70-percent-left-untreated-though-it-is-treatable/94053307>
2. <https://my.clevelandclinic.org/health/diseases/9294-bipolar-disorder>

3. Srikantha Murthy K R, Ashtangahridaya Uttarasthana, 6/23-26, Chowkhamba Krishnadas Academy, Varanasi, 2008, Pp 60
4. Srikantha Murthy K R, Ashtangahridaya Kalpasthana, 11/21, 22. Chowkhamba Krishnadas Academy, Varanasi, 2012, Pp 542.
5. Acharya JT, editor. Agnivesha, elaborated by Charaka and Dridhabala, Commentary by Chakrapani. Charaka Samhita, Nidana Sthana, Unmada Nidanam Adhyaya, 7/6-2. Varanasi: Chaukhamba Surbharati Prakashan; 2014. p. 223. 3.
6. Acharya JT, editor. Agnivesha, elaborated by Charaka and Dridhabala, commentary by Chakrapani. Charaka samhita, Chikitsa sthana, Unmada Chikitsitam Adhyaya, 9/11-12. Varanasi: Chaukhamba Surbharati Prakashan; 2014. p. 468.
7. Pallathadka LK, Pallathadka H. A Literature Review on Ayurvedic Management of Psychiatric Disorders. International Journal of Aquatic Science. 2020;11(01):102-10.
8. Kumar R, Singh C, Tyagi S, Kumar N. Ayurvedic Treatment of Bipolar Disorder. American Journal of Biomedical Research. 2021 Apr 14;9(1):5-9.
9. Grande I, Berk M, Birmaher B, Vieta E. Bipolar disorder. The Lancet. 2016 Apr 9;387(10027):1561-72.
10. . Ahuja Niraj (2011). A Short Textbook of Psychiatry (7th ed., p.95). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.
11. . [Sadock Benjamin James, Sadock Virginia Alcott, Ruiz Pedro (2017). Synopsis of Psychiatry (11th ed., p.364). New Delhi: Wolter's Kluwer (India) Pvt Ltd.]

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