

Manic episode – Short duration Management through Uttamamatra Snehapana Followed by Virecana- A case report

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Abstract - Mania or manic episode is defined as a distinct period of abnormally and persistently elevated, expansive, or irritable mood lasting at least one week (less if hospitalization is necessary) and consisting of three or more of the symptoms like inflated self-esteem, grandiosity, the flight of ideas, increased talkativeness, distractibility etc¹. Lifetime prevalence of bipolar disorder is approximately 1%. The prevalence of bipolar disorder is similar in males and females. The lifetime prevalence of mania is much higher. The usual treatment that given in this condition are emergency measures like ECT, high dose antipsychotics & mood stabilizers and it may cause sudden and long-term side effects like headache, memory problem and coronary artery disease². Ayurveda psychiatry categorized this disease under Unmada. Unmada is mada (intoxication) of mind produced by dosa (vata, pitta and kapha along with manasa dosa rajas and tamas) moving in wrong path. In an individual with unmada vibhrama condition of the eight factors namely mano, budhi, samja jana, smriti, bhakti, sheela, cheshta and achara can seen³. A 23 year old female patient attended the Ayurvedic psychiatric OPD at Government Ayurveda Research Institute for mental Diseases (GARIM) 1 year back. She had increased speech, sometime irrelevant, increased anger, decreased sleep, irritability etc. and first episode occurred when she was 13 years old. As per the patient she had no complaints and said that difficulty in concentrating and understanding things, and there is no need to take medicine at all. This case was diagnosed as Unmada and considering dosa predominance and present complaint, protocol with Uttamamatra Snehapana followed by Abhyanga with Ushmasweda and Virecana was performed. The selected protocol was effective on assessment with Young Mania Rating Scale and highlights the role of Ayurvedic treatment management in Manic episode.

Index Terms - Manic episode, Unmada, Young mania rating scale, Ayurveda

INTRODUCTION

Manic episode is a distinct period of an abnormally and persistently elevated, expansive, or irritable mood lasting for at least 1 week or less if a patient must be hospitalized. A hypomanic episode lasts at least 4 days and is similar to a manic episode except that it is not sufficiently severe to cause impairment in social or occupational functioning, and no psychotic features are present. Both mania and hypomania are associated with inflated self-esteem, a decreased need for sleep, distractibility, great physical and mental activity and over involvement in pleasurable behaviour. Mood disorders are common. Disorders of mood sometimes called affective disorders – make up an important category of psychiatric illness consisting of depressive disorder, bipolar disorder and other disorders. Hypomania is an episode of manic symptoms that does not meet the criteria for manic episode⁴.

As per ICD 10 manic episodes usually begin abruptly and lasts for between 2 weeks and 4-5 months (median duration about 4 months). The first episode occur at any age from childhood to old age. And 3 degree of severity are specified sharing the common characteristics of elevated mood and increase in the quantity and speed of physical and mental activity such as hypomania, mania without psychotic symptoms and mania with psychotic symptoms⁵.

The Diagnostic and Statistical Manual of Mental Disorders, (DSM-V-TR) says the diagnostic criteria for manic episode as a distinct period of abnormally and persistently elevated, expansive, or irritable mood

and abnormality and persistently increased goal directed activity or energy, lasting at least 1 week and present most of the day with any of the 3 symptoms like inflated self-esteem, decreased need for sleep, more talkative than usual, flight of ideas, distractibility, increase in goal directed activity, excessive involvement in activities etc⁶.

The causes of mania includes stressful life event, Genetic Factors-there is a well-recognised genetic component to the aetiology of bipolar disorder, Biological Factors-the monoamine neurotransmitters-norepinephrine, dopamine, serotonin, and histamine. Biogenic Amines-the biogenic amines, norepinephrine and serotonin are the two neurotransmitters most implicated in the pathophysiology of mood disorder⁷.

A number of studies evaluated the efficacy of pharmacological and non-pharmacological treatment approaches. The treatment of acute mania, or hypomania, usually is the easiest phases of bipolar disorders to treat. Agents can be used alone or in combination to bring the patient down from a high. Patients with severe mania are best treated in the hospital where aggressive dosing is possible and an adequate response can be achieved within days or weeks. Adherence to treatment, however, is often a problem because patients with mania frequently lack insight into their illness and refuse to take medication. Because impaired judgment, impulsivity, and aggressiveness combine to put the patient or others at risk, many patients in the manic phase are medicated to protect themselves and others from harm Lithium and its augmentation by antidepressants, antipsychotics, and benzodiazepines has been the major approach to the illness, but three anticonvulsant mood stabilizers carbamazepine (Tegretol), valproate (Depakene), and lamotrigine (Lamictal) have been added more recently⁸.

Ayurveda psychiatry categorized the disease under Unmada. Unmada is the disease where the deranged doshas transversing the upper part of the body affect the upcoursing nerves and produces distracting state of mind and it is said to be disease of mind. So one affected by Unmada is in fickle state or ones manas is roaming or wandering due to vibhrama of eight factors namely mano, budhi, samnja jana, smriti, bhakti, sheela, cheshta and achara. Unmada is classified on the base of dosa predominance ie, vata, pitta, kapha. The treatment prescribed give prime

importance to sodhana. In doshic type of Unmada the first line of treatment is sodhana. Considering the above facts the treatment line prescribing ayurvedic classics came under three headings “Yuktivyapasraya, Daivavyapasraya and Satvavajaya”⁹.

The diagnosed case of Manic episode was managed with Ayurvedic treatment protocol, including Uttamamatra Snehapana, Abhyanga with Ushma Sweda, Virecana, etc followed by appropriate internal medicines.

PRESENTING CONCERN

A 23-year-old female patient coming from Malappuram attended our GARIM (Government Ayurveda Research institute for Mental Diseases) OPD 1 year back. As per the patient she had difficulty in concentrating and understanding things. First episode of symptoms occurred in 2009, when she was studying in 8th standard. At that time showed symptoms like not taking food, not ready to take bath, crying without reason, fear while sitting lonely places, shyness etc. and during that time she consulted an allopathic doctor and had medicine for 2 weeks, later those symptoms got reduced. And she lead a normal life for 2 months. 2 months later she again showed symptoms like increased anger, excessive talking, sleeplessness, ready to talk every one, irrelevant talk, restlessness. She also had suicidal ideations because her friends insulted and misbehaved and they call her as “mental”. That made her more irritated and she started feeling bad. While she was studying in 10th standard she got new dresses, books etc and that made her more happy and excited and the symptoms reappeared the symptoms and she got admitted in GARIM hospital. Later she appeared for Board examination but failed in 2 subjects. After the exam, symptoms like increased anger, sleeplessness, increased talk, irritability etc occurred again and she took allopathic medicines. Later she passed the failed subject in Board examination. Her mother also have similar condition and she was under medication from the age 15 years. And she joined in MLT course during that time she was under allopathic medication but later she discontinued the medicines and symptoms reappeared. And she was forcefully taken for management.

CLINICAL FINDINGS

General physical examination

Pulse: 72/min, Heart rate: 72/min, BP: 120/80 mm Hg,
Respiratory Rate: 18/min
Weight: 68 Kg

MENTAL STATUS EXAMINATION

The patient was moderately built and poorly groomed, eye contact was maintained and rapport was established with ease. While considering the speech, the intensity and pitch was high with pressure of speech and speed increased and irrelevant. Mood and affect assessed to be exalted. Comprehension was intact and motor activity was increased. While considering the thought, there was delusion of reference. Regarding the domain perception, there was auditory hallucination and visual hallucination. Consciousness, attention and concentration were intact and was well oriented to time, place as well as person. While considering the memory, the immediate, recent and remote memory was intact. There was no impairment in the area of intelligence and abstract thinking, judgemental, reading and writing. The insight was of grade - 5.

AYURVEDIC CLINICAL EXAMINATION

Dasa vidha pareeksha or tenfold clinical examination was performed and the following were noted. Sareera prakrithi was Vatapitta and Manasa prakrithi was Rajasika. The Doshas involved in the disease pathology were pitta and vata. He belonged to Jangala desa and Kalam was sisiram. He was a person with avara satva and with youvana in vaya. His jarana sakthi was pravaram and abhyavaharana sakthi was pravaram. The Srotas involved was Rasavaha as well as manovaha srotas.

INVESTIGATIONS AND MEDICATIONS

Blood and urine routine examinations were within normal limits. No other investigations are performed. He was under allopathic medications Resperidone (2mg tablet), sodium valproate (200mg tablet), Evion (capsule 400mg) not taken in regular manner for the last 10 years.

DIAGNOSTIC FOCUS AND ASSESSMENT

Considering the detailed history and mental status examination, the case was diagnosed as Manic episode with psychotic features as per ICD-10. It was included in F.30.2. In Ayurveda it can be diagnosed as Paittikonmāda. Assessment was done using young mania rating scale (YMRS) before and after the treatment protocol. Improvement was noted in the scores after the treatment.

PROCEDURE WITH RATIONALE

Procedure	No of days	Medicine	Rationale
Uttamamatra Snehapana	1	Tiktaka ghr̥ta	Pitta samana Unmada haram Medhya Psychotropic action
Abhyanga and Ushma Sweda	3	Dhanwanta ram tailam	Brings about dosha utklesa from saakha to kosht'ha and thus precipitates dosha samsodhana Vata samana
Virecana	1	Avipathi churna	Dosa sodhana Reduces aggressive nature

DISCUSSION

Divaswapna, rajasika and tamasika prakrithi, unexpected loss of close relatives, wealth and unexpected attaining of wealth etc conditions leads to derangement in mental normality. These can be considered as stress factors and these are contributing to the manifestation of Unmada. The rajoguna and tamoguna plays an important role, also vitiated vata dosha, pitta dosha and decreased kapha dosha also plays a major part with troubled body and mind in the pathogenesis of disease 10. Based on the symptomatology, the role of pitta and vata was considered in the aspect of management. The present case of Manic episode can be explained under Unmada of Paittika nature with involvement of Vata. By considering the involvement of dosas and nature of symptoms, initially Uttamamatra Snehapana was done with Tiktaka Ghr̥ta. . Uttama Mātra is said to be Doṣa Anukarṣini matra literally meaning scrapping of the doṣas from the body. Because of the immediate śodhana action of this mode of Snehapāna through its property of mana prasādham and also by the action of this Snehapāna itself that is freshness of the sense

organs is achieved¹¹. Through the procedure of Uttamamātra Snehapāna, vāta will get anulomatvam immediately. So there will be a sudden relief in the symptoms¹². Pitta dosa in its normal and abnormal states of functioning is directly related to mental functions and emotions. As the mania has more similarity with paittikonmada, in the treatment of paittikonmada Tiktaka ghrta is specially mentioned. Tiktaka ghrta has medhya and tridosha hara property and has psychotropic action for reducing the aggravated symptoms of psychiatric disorders like irritability, increased motor activity, elevated mood and stress¹³. After Uttamamatra Snehapana Abhyanga and Ushmasweda was performed using Dhanwantaram taila for 3 days. Dhanwantaram taila was opted for this purpose because it has tridosahara property especially vata pitta samana and it has an indication in unmada. And it shows excellent result in madhyama roga marga diseases, Unmada is Madhyama roga marga vyādhi¹⁴. And after 3 days of Abhyanga and Ushmasweda, Virecana was planned as sodhana to get rid of the vitiated dosas. The immediate action of virecana is curing pittaja vikaras. Further budhi prasada karma along with inridya patava and dhatu sthiratvam is the supreme effects of virecana karma. And it is the best treatment for pittadosa and for attaining anulomana of vata¹⁵. Samana was done after virecana karma.

Internal medicines include Special powder (gokshura+sweta sankupushpi+sarpagandha in a ratio 1:1:1) which was given at a dose of 2gm twice daily with hot water which has properties of manaprasadana, medhya, nidrajanana and tridosahara.. A combination of swetasankupushpi and yashti (1:1) was given at a dose of 5gm at 10am and 4pm with hot water to ensure proper sleep, intellect promoting, and pittahara. Also somalata churna was given at a dose of 5gm morning and 10gm evening with hot water for ensuring proper sleep. Also Mahatikthaka ghritha was given with a dose of 10 ml at bed time which has an action of Vatha pitta samana, rasayana property and medhya. Before and after the completion of treatment, patient was assessed with Young Mania Rating Scale (YMRS). Young Mania Rating Scale (YMRS) score got reduced from 36 to 24 after the management.

CONCLUSION

Mania is one among challenging psychiatric condition that need a definite and short duration management. The usual treatment given in this condition are emergency measures like ECT, high dose antipsychotics & mood stabilizers and it may cause sudden and long-term side effects like headache, memory problem and coronary artery disease. So by giving specific treatment through Ayurvedic modality that reduces disease burden and psychiatric drug burden and for improving the quality of life of patients effectively. The symptoms of Mania is dealt under the context of Unmada in Ayurveda and the management plan is planned based on the dosa predominance. And in the present case Pitta dosa was predominant than vata. There were Classical reference of shorter duration high dose Uttamamātra Snehapāna indicated in Unmāda along with other diseases like Gulma, Sarpadaṣṭa, Visarpa, Kṛcchramūṛtata. Uttamamātra Snehapāna for one day has found to be more convenient for participants than Ārohaṇa krama Snehapāna mostly because of lesser duration of treatment, less cost effective. The condition was effectively managed with selected protocol.

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