

## Improving prognosis in Schizophrenia: Attempting for holistic management at Ayurvedic health Care setting

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Schizophrenia happens to be a high burden psychiatric disorder in terms of its impacts and outcomes. The long term outcomes of schizophrenia are unpredictable and variable marked with substantial resistance to the treatment.<sup>1</sup> This is pathetic to see lot of schizophrenics all around in despair and yet feeling helpless for being unable to do anything substantial to make their lives better. In India, the overall status of psychiatric care is fairly gloomy and is known for its intense shortage of manpower and infrastructural resources. On the contrary, the mental illness in the country is increasing in epidemic proportions.<sup>2</sup>

Mental health care in India suffers with multiple problems. Besides the resource deficits, there are also socio-cultural issues which make the identification of cases and their access to appropriate care difficult. Mental illness is considered a taboo and a social stigma in Indian society and hence it remains under reported. In cases truly requiring a medical help, opinion is commonly sought from a family physician and not from a psychiatrist. The reason is simple and straight forward. Neither we have an easy access to a psychiatrist nor do we want our wards labeled as having a psychiatric illness. We know that visiting a psychiatrist is a connotation of being *pagal* (mad) in Indian societies.<sup>3</sup>

It is for this reason; more psychiatric patients are seen in India at places like general hospitals, clinics of family physicians, temples, religious places and also on the streets than they are there in a psychiatric setup.

Although questioned sometime by the hardcore psychiatrists<sup>4</sup>, this is not uncommon in India to find neurologists, general physicians and alternative care physicians contributing to the overall mental health care. Ayurveda in particular has a thorough approach of looking into the psychological causes of the diseases through its vivid clinical description and also through its diverse repertory ranging from drug to non drug approaches.<sup>5</sup>

India recently has recognized the contextual requirement of mental health care in view of socio-cultural hues and ethos. National Mental Health Care Act 2017 of Indian Government duly recognized Ayurveda and its people as dependable collaborators in net mental health care delivery in their own capacity.<sup>6</sup>

A recent discussion about lifestyle interventions to reduce premature mortality in schizophrenia<sup>7,8</sup> has further strengthened the idea of comprehensive care in the area of mental health inclusive of opportunities to offer a better living and mainstreaming of schizophrenics.

These developments are tempting us to share about a case of schizophrenia being treated at an Ayurvedic setting as an indoor patient. This case, a girl of about 30 years diagnosed with schizophrenia for past over 6 years, treated previously with all available drug therapy, had variable responses for all this period. She was recently brought to an ayurvedic hospital after being eloped and subsequently rescued after over 20 days. After being recovered she was

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brought again for the treatment but this time with a different approach. Ayurveda diagnosed it as a case of *vataja unmada*, a condition where psychosis is caused due to an increase in *vata*. She was offered a comprehensive management for *vata* focusing upon the functions of mind. The treatment included *shirodhara* ( an oil dripping therapy on forehead), whole body and particularly head massage with oil and a few *medhya rasayana* ( drugs enhancing the cognitive functions ). Most importantly, she was treated with *satvavajaya*, a distinct psycho educative approach of ayurveda in a disguised way so not to look like conventional psychotherapy. For initial couple of weeks a thorough rapport was developed between the care giver team and that of patient. This was done with the help in personalized care, sessions of informal discussions, sessions of moving around in the campus and help in personal grooming. As a result, she became friendlier, less agitated and less violent. The sleep was improved. The personal hygiene and grooming was also improved. After two weeks, she was asked about her pre-morbid interests and likings. Subsequently, she was provided with a notebook, a book on integral calculus and a writing pen to get engaged with her previous lessons of mathematics. It is now about three months for her to be in the hospital. There had not been any major issues during this stay except for some minor episodes of agitation particularly in the absence of care giving team. She is doing absolutely fine, with a better sleep and less agitation. She is more attentive to personal care, grooming and hygiene and is able to cope with strangers. As a test to the later, her birthday was celebrated some time back in the hospital. There were number of people around on the occasion, of which many were onlookers and strangers. We are happy to state that she passed the test as she behaved perfectly as a birth day girl during the occasion.

This experiment is more meaningful in context to the atrocities, stigma, discrimination, and human rights violations experienced by the people living with

schizophrenia (PLS) at home, and also at mental health services.<sup>9</sup>

Ayurveda has strength of being contextually congenial to the land of its origin. It enjoys trust and confidence of the common people and hence becomes most preferred health care system for many in many situations. There are many such areas as the one discussed above, where ayurveda can come up as a dependable system of care owing to its distinctive, specific and personalized care approaches. More hard work however is desired from ayurvedic fraternity to enable it to reach to the expectations of people. The time to begin this move of moving forward is now.

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27.06.2017)

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**Source of Support : Nil**  
**Conflict of Interest : None**