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Effect of *Virechana* with *Avipathi Churna* on alternate days for three times in the management of aggression in Manic Patient - A Case Report

Chaithra SM¹, Vinod R², Parvathee Devy³

¹3rd Year MD Scholar, Manovigyan Avum Manas Roga, Department of Kayachikitsa, VPSV Ayurveda College Kottakkal, Kerala, India.

²Associate Professor, Department of Kayachikitsa, VPSV Ayurveda College Kottakkal, Kerala, India.

³Superintendent, Government Ayurveda Research Institute for Mental Diseases Kottakkal, Department of ISM, Kerala, India.

ABSTRACT

Bipolar Affective Disorder is characterised by recurrent episodes of mania and depression in the same patient at different times. A manic episode is characterised by elevated, expansive or irritable mood, increased psychomotor activity, pressure of speech and flight of ideas. More severe form of mania can cause impairment in social and occupational functions. There will be psychotic symptoms like delusions and hallucinations and the patient may loss connection with reality. Symptoms of mania are similar to that of *Paittika Unmada* mentioned in Ayurveda classics. This article deals with a case of Bipolar Affective Disorder with current episode of mania with psychotic symptoms which was diagnosed as *Paittika Unmada* as per Ayurveda. The patient was very aggressive and was not under any medications at the time of admission. She was administered with *Virechana* with *Avipatti Choorna* on alternate days for three times during the first 7 days after admission. The relief in symptoms was assessed both subjectively and using Young's Mania Rating Scale on 2nd, 4th and 6th day and subjective relief in symptoms were recorded. A considerable reduction in aggressive symptoms were noticed along with marked reduction in motor activity, irritability and she gained insight of Grade 4 by the third *Virechana*. The results were promising and worth detailing.

Key words: Mania, *Paittika Unmada*, *Virechana*, *Avipatti Churna*

INTRODUCTION

Bipolar-I is a condition with episodes of mania and episodes of depression, while Bipolar- II is a condition with episodes of hypomania and episodes of depression. A manic episode is characterised by elevated,

expansive or irritable mood, increased psychomotor activity, pressure of speech and flight of ideas.^[1] The elevated mood is euphoric very often but as the course of illness progress the predominant mood of euphoria may change into irritability.^[2] More severe form of mania can cause impairment in social and occupational functions. There will be psychotic symptoms like delusions and hallucinations and the patient may loss connection with reality. Treatment of manic/hypomanic episodes are generally done using medications such as lithium (Li), valproate (VPA) or atypical antipsychotics (AAP), including aripiprazole, olanzapine, quetiapine, risperidone, and ziprasidone as monotherapy.^[3]

The main goal of pharmacological management is rapid tranquilization, aimed at reducing symptoms of agitation and aggression without inducing deep or

Address for correspondence:

Dr. Chaithra SM

3rd Year MD Scholar, Manovigyan Avum Manas Roga, Department of Kayachikitsa, VPSV Ayurveda College Kottakkal, Kerala, India.

E-mail: chaithrasmadhavan@gmail.com

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prolonged sedation, keeping the patient calm but fully or partially responsive.^[4]

Symptoms of mania are similar to that of *Paittika Unmada* mentioned in Ayurveda classics. The clinical features of *Paittika Unmada* according to *Charaka* include *Amarsha* (impatience), *Samrambha* (agitation/arrogance), *Krodha* (anger), *Abhihanana* (violence), *Abhidravana/Atidravana* (wandering/restlessness), *Pracchhaya Sheetabhilasha* (liking for cold places and items), *Santaapa* (increased body temperature), and *Taamra-Harita-Haridra* and *Samrabdha Akshata* (copper colored / greenish / yellowish eyes), *Vinagna bhava* (nudism), *Santarjana* (threatening/abusing), and *Rosha* (rage/ furious).^{[5][6]}

Susruta describes symptoms like *Trishna bahula* (excessive thirst), *Sveda Bahula* (excessive sweating), *Daaha Bahula* (excessive burning sensation), *Bahu Bhuk* (increased appetite), *Vinidra* (insomnia), *Jalaantara Vihara Sevi* (preferring cold places or water), and *Pashyati Taaraka Diva* (seeing stars in morning/ visual hallucinations) as symptoms of *Paittika Unmada*.^{[7],[8]}

CASE HISTORY

A 20 years old female patient was taken to the OPD by her parents for the complaints of increased aggressiveness, harming others, use of abusive language, increased walking, reduced sleep, self-laugh and crying spells. According to the patient, she had no complaints; but her parents are interfering in each and everything she do giving her no privacy. They are torturing her both physically and mentally and are also forcing her to take medicines unnecessarily.

On taking history in detail, it was reported that she is the first child of consanguineous parents. She was an ambivert and average in her studies during school days and was apparently normal till her 10th standard model exams. Then she started to be nervous about her studies and her friends at school informed her parents that she is not interacting with others in class as she used to do before. She used to sit alone at home also with reduced self-care and food intake. She underwent medication for about 2 months and

symptoms got relieved. She managed to score average marks in 10th standard. Later during 12th standard board exams, patient again developed increased nervousness during studying. Parents noticed some behavioral changes in her that she started to show increased agitation, restlessness, increased walking in the house premises, use of abusive words and aggressiveness towards others. She also used to complain that people around her are always talking about her. She was again taken to a psychiatrist and underwent medication continuously for three and a half years. But the symptoms like increased anger, restlessness and reduced sleep were occurring atleast once in a month. One year back she stopped allopathic medication and started homeopathic medication for 8 months. As she couldn't get any noticeable results, she again switched back to allopathic medication.

Two weeks back patient stopped all her medicines on her own. Parents noticed that aggressiveness of the patient has increased afterwards. She shows less trust to the parents and whenever they try to give medicines forcefully, she becomes angry saying that they are trying to kill her. She also harms them occasionally and use abusive language. She often laughs alone and also has crying spells. She spent 3-4 hours in bathroom, shows increased interest to do make-up and keeps on demanding new dresses. Instead of sleeping at night, she keeps on putting make-up on her face again and again. She also drinks increased amount of water.

Clinical Examination

On mental status examination of the patient, she was conscious, well-groomed, with increased psychomotor activity and less co-operative to the examiner. The patient was irritable throughout the interview. The speech was increased, spontaneous, incoherent and occasionally irrelevant. The affect and mood were elated both subjectively and objectively. Patient was having olfactory hallucination (putrefied smell). She was also having delusion of persecution and delusion of reference. In higher mental functions, attention and concentration, abstract thinking, judgement and

orientation to time and place were affected. The patient was impulsive and insight level was grade 1.

Ayurveda Clinical Examination

Aśta Vibhrama mentioned in the context of *Unmāda* was assessed. The patient was found to have *Vibhrama* in all the eight domains as follows.

Table 1: Ashta Vibhrama assessment

Domain	Symptom of <i>Vibhrama</i> in patient
<i>Mana</i>	Inability to control mind, hallucinations
<i>Budhi</i>	Inability to distinguish good and bad, delusions.
<i>Samjñājnāna</i>	Orientation of time and place were affected.
<i>Smṛti</i>	Recent memory was affected
<i>Bhakti</i>	Reduced interest in studies
<i>Śeela</i>	Increased anger, Reduced sleep
<i>Ācēṣṭa</i>	Doing make-up again and again
<i>Ācāra</i>	Stopped doing prayers

Daśavidha Pareekṣa was also done. *Dūṣya* was found to be as *Pitta-Vāta* and *Rasa Dhātu*. She hailed from *Jāngalasādhāraṇa Deśa* and *Deha Deśa* was found to be *Manas*. *Roga Bala* was *Pravara* and *Rogī Bala* was *Madhyama*. *Kṣaṇādi Kāla* was *Varsha* while *Vyādhyavastha Kāla* was *Purāṇa*. *Anala* was *Manda*. *Deha Prakṛti* was of *Pitta-Vāta* while *Mānasika Prakṛti* was *Rajasa-Tāmasika*. *Vaya* was *Bāla*. She was having *Madhyama Satva* and *Sarvarasa Sātmya*. *Abhyavaharaṇa Śakti* and *Jaraṇa Śakti* were *Pravara*.

Diagnosis

The patient was diagnosed as having Bipolar affective disorder, current episode manic with psychotic symptoms according to ICD-10.^[9] She was assessed with Young's Mania Rating scale and the score obtained was 53.

In Ayurveda parlance, the patient was diagnosed as *Paithika Unmada* as she was having symptoms like *Amarsha*, *Samrambha*, *Krodha*, *Abhihanana*, *Abhidravana/Atidravana*, *Santarjana* and *Rosha*.

Management

In order to address the increased agitation and restlessness, *Virecana* was done with *Avipathi Āchoorna* on alternate days for three times during the first 7 days after admission. The relief in symptoms was assessed both subjectively and using Young's Mania Rating Scale on 2nd, 4th and 6th day and subjective relief in symptoms were recorded as:

Table 2: Assessment of symptoms during the course of administration of Virechana

Day of Assessment	YMRS Score	Improvement in symptoms
2 nd Day	30	<ul style="list-style-type: none"> Motor activity and aggression reduced. Slept for 3 hours
4 th Day	10	<ul style="list-style-type: none"> Marked reduction in irritability Slept for 7 hours
6 th Day	5	<ul style="list-style-type: none"> Had sound sleep Pressure of speech reduced No marked elevation of mood Insight – Grade 4

DISCUSSION

In this case the patient was very aggressive at the time of admission and was not having insight to the illness. The patient was diagnosed as having *Paithika Unmada*. *Virecana* on alternate days was done for three times. In Ayurveda, treatments are categorized as either *Shodhana* or *Samana*.^[10]

Shodhana is the type of treatment in which *doshas* are eliminated from the body.^[11]

Vagbhata mentions '*Budhi Prasada*' and '*Indriya Bala*' as benefits from *Shodhana* therapy.^[12]

Virecana is a type of *Shodhana* by which *Doṣās* are removed from the body through the anal route. *Virecana* is considered as the best treatment for diseases caused by *Pitta*.^[13]

The drug used in this case was *Avipatti Āurna* which is the drug of choice for *Virecana* in patients having *Paittika* diseases. The *Yoga* is described in the *Virecana Kalpa* of *Kalpasthaana* of *Ashtaanga Hridaya* and it is named *Avipatti* because it produces *Virecana Vegaas* without causing any adverse effects (*Vyaapat*) and it is a safe drug of choice for *Virecana* in *Paittika Vikara*.^[14]

In this case, *Virechana* with *Avipatti churna* helped in reducing the *Pitha Dosha* considerably and thereby symptomatic relief and *Buddhi Prasada* were obtained. This case throws light to the scope of *Virechana* therapy in managing patients with aggression.

CONCLUSION

Mania is a very common psychiatric condition and emergency management is required in cases of acute manic episodes. Acute mania usually has symptoms similar to *Paithika Unmada*. Hence repeated *Virecana* can be adopted in such patients as an emergency management technique. This will help to subside symptoms like aggressiveness, restlessness and harming tendency considerably.

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