



## Management of Schizoaffective Disorder: Ayurvedic Perspective

Dr. Sheetal Yadav \* & Dr. Ajay Kumar Vashishtha \*\*

*MIND - VISION*

*Neuro-psychiatry & De-addiction center  
Sikar (Rajasthan)*

*\*Ph.D in Psychology – ( Gurukul Kangri Vishwavidyalaya, Haridwar)*

*\*\*MBBS. MD. (Psychiatry) – (Maulana Azad Medical College & G. B. Pant Hospital, Delhi)*

*Address for Correspondence: Dr. Sheetal Yadav  
Psychologist*

*Mind – Vision Neuro – psychiatry & De - addiction center  
vinayk city plex, first floor, Bajrang kanta,  
Sikar (Rajasthan), India.*

Date of Submission: 12-04-2023

Date of Acceptance: 27-04-2023

**Abstract:** - schizoaffective disorders are episodic disorders in which both affective and schizophrenic symptoms are prominent within the same episode of illness, preferably simultaneously, but at least within a few days of each other. Their relationship to typical mood (affective) disorders and to schizophrenic disorder is uncertain. These are chronic, often recurrent disorder characterized by symptoms of schizophrenia such as hallucinations and delusions, and symptoms of a mood disorder such as either mania or depression. As it shares the symptoms of more than a single mental health condition, many affected with schizoaffective disorder are often erroneously diagnosed. The disorder is seen in about 0.3% of the population as per reported studies and both men and women are equally prone to the disease. But men often develop the illness at an earlier age than women. The modern treatment /management of schizoaffective disorder include use of antipsychotics, mood stabilizers and anti-depressants with different type of psychotherapies or neuro modulation. In Ayurveda categorizes the disorder under the category of **unmada** which is considered as the **vibhrama** or distorted function of eight factors including **manas** and **buddhi**. Ayurvedic medicines are effective in controlling and managing the schizoaffective disorder effectively with minimal side effects.

**Keywords** - Schizoaffective disorder, Unmada, Ayurvedic management .

### I. INTRODUCTION -

Schizoaffective disorder is a psychiatric condition that includes symptoms of both that of schizophrenia as well as a mood disorder. [1] DSM5 describes schizoaffective disorder as intermediate between schizophrenia and a bipolar disorder. [2] Schizoaffective disorder includes bipolar symptoms such as mania or depression as well as the symptoms of schizophrenia including hallucinations and delusions. Thoughts may be affected and the person may find it hard to function at familial, social and occupational level. ICD-11 defines schizoaffective disorder as having all the features required for Schizophrenia in concurrence or within a few days of a mood episode. Psychotic and mood symptoms must be present for at least 4 weeks, and symptoms are not better accounted for by another general condition or substance use. The cause of schizoaffective disorder is yet to be known for the medical community. Selected studies suggest that there may be a genetic component as the causative factors. [3] The risk of a person increases if any first degree relative has schizophrenia, bipolar disorder or any other mental health issues. Diagnosis will be based on patient's case history, mental status examination, psychological scales **BPRS** (Brief Psychiatric Rating Scale), **HAM-D** (Hamilton Depression Rating Scale), **YMRS** (Young Mania Rating Scale), **PANSS** (Positive and Negative Syndrome Scale) and also the information of the condition contributed by the family members. Before reaching a diagnosis, the medical



professional must rule out other medical conditions such as alcohol or drug use disorder, thyroid dysfunction, temporal lobe epilepsy etc. [4] The clinical manifestation of schizoaffective disorders may fit in to these subtypes- mixed type or either a manic or depressive type.

Ayurveda has originated in India 3000 years ago and is the greatest gift by Indian ancestors to the scientific medical system which successfully survives till date. The word “**Ayurveda**” is derived from two Sanskrit words “**Ayur**” refers to aspects of life, birth, and death whereas “**Veda**” refers to learning or knowledge. Therefore, Ayurveda is the oldest holistic treatment and healing system which studies the science of life, mind, and body. Also describes medications, behaviours and diet for fruitful and healthy living. It deals with both physical (Sharirik) diseases and mental (Mansik) disorders. So Ayurveda examines both the mental and physical fitness of an individual. According to ancient Ayurvedic theories, the whole universe is interconnected and human beings are made up of 5 elements (Body’s Constitution or Prakriti)- **Air, Space, Fire, Water and Earth**. Now, these above – mentioned elements combine in the human body from three life energies or forces called **Doshas** which controls the working of the human body. **Vata Dosha** (Air and space), **Pitta Dosha** (Fire and Water), and **Kapha Dosha** (Water and Earth). Further Ayurvedic theories states that anything which affects the human mind, physical or spiritual well- being, or emotions can because disruption of harmony and could lead to sickness and bad health. This disruption can be due to, birth or genetic defects, age, climate/ seasonal changes, emotions and injuries. The psychiatry in Ayurveda is deliberated under the main heading Bhutavidhya or graham Chikitsa which is one among the Asatangas or eight special branches of Ayurveda. Ayurveda explains all these psychiatric anomalies under the umbrella term “**Unmada**”. Unmada is considered to be the Vibhrama or distortion of the Manas, Budhi, etc. Which are eight in number and the pathology of almost all available psychiatric disorders are well explained under this heading. In Ayurveda, this condition can be correlated to unmada. The cardinal symptoms of unmada include buddhivibhrama, satwariplava (dilemma of the mind), Akuladrishti (biased thinking), adheerata (loss of confidence), abaddhavak (irrelevant talk). The vibhrama avastha of eight factors: manas, buddhi, sanjya gyana, smriti, bhakti, sheela, chesta and achara. Vibrama is nothing but the state of misinterpretation of the original course or a form of perversion. Depending upon the dosa predominance, the symptoms

exhibited will vary from person to person. The positive and negative symptoms of schizophrenia can be included under the eight vibaramas of unmada. Antipsychotics are used for managing the symptoms, which has many side effects like extrapyramidal symptoms, metabolic syndromes including obesity, diabetes and hypertension, nausea, vomiting, irritability, loss of appetite etc. Ayurvedic medicines are effective in managing the condition effectively without or with minimal side effects. Diagnosis and management of schizoaffective disorders are really challenging.

### 1. Treatment /Management of Schizoaffective Disorder by Pharmacotherapy.

The treatment of schizoaffective disorder typically involves pharmacotherapy. The mainstay of most treatment regimens should include an antipsychotic, but the choice of treatment should be tailored to the individual.[5] A study that reported obtained data on treatment regimens for schizoaffective showed that 93% of patients received an antipsychotic. 20% of patients received a mood-stabilizer in addition to an antipsychotic, while 19% received an antidepressant along with an antipsychotic.[6] Prior to initiating treatment, if a patients with schizoaffective disorder are danger to themselves or others, inpatient hospitalization should be considered; this includes patients who are neglecting activities of daily living or those who are disabled well below their baseline in terms of functioning.

- **Antipsychotics:** Used to target psychosis and aggressive behavior in schizoaffective disorder. Other symptoms include delusions, hallucinations, negative symptoms, disorganized speech, and behavior. Most first and second-generation antipsychotics block dopamine receptors . While second generation antipsychotics have further actions on serotonin receptors. Antipsychotics include but are not limited to Paliperidone (FDA approved for schizoaffective disorder), Risperidone, Olanzapine, Quetiapine, Ziprasidone, Aripiprazole, trifluoperazine and Haloperidol.[7][8][9][10][11] Clozapine is a consideration for refractory cases, much like in schizophrenia.[12] Long acting antipsychotics injectables like
- **Mood-Stabilizers:** Patients who have periods of distractibility, **indiscremenation**, grandiosity, a flight of ideas, increased goal-directed activity, decreased need for sleep, and who are hyper-verbal fall under the manic-specifier for schizoaffective disorder. Consider the use of mood-stabilizers if the patient has a history of manic or



hypomanic symptoms. These include medications such as Lithium, Valproic acid, Carbamazepine, Oxcarbazepine, and Lamotrigine which targets mood dysregulation.[13][14][15][16]

- **Antidepressants:** Used to target depressive symptoms in schizoaffective disorder. Selective-serotonin reuptake inhibitors (SSRIs) are preferred due to lower risk for adverse drug effects and tolerability when compared to tricyclic antidepressants and selective norepinephrine reuptake inhibitors.[17] SSRIs include fluoxetine, sertraline, citalopram, escitalopram, paroxetine, and fluvoxamine. It is vital to rule out bipolar disorder before starting an antidepressant due to the risk of exacerbating a manic episode.[18]

## 2. Treatment / Management of Schizoaffective Disorder by Psychotherapy

Patients who have schizoaffective disorder can benefit from psychotherapy, as is the case with most mental disorders. Treatment plans should incorporate individual therapy, group therapy,

family therapy, and psycho-educational programs. The aim is to develop their social skills and improve cognitive functioning to prevent relapse and possible re-hospitalization.[19] This treatment plan includes education about the disorder, prognosis, etiology, and treatment.

- **Individual Therapy:** This type of treatment aims to normalize thought processes and better help the patient understand the disorder and reduce symptoms. Sessions focus on everyday goals, social interactions, and conflict; this includes social skills training and vocational training.

- **Family / Group Therapy:** Family involvement is crucial in the treatment of the schizoaffective disorder.[20] Family education aids in compliance with medications and appointments and helps provide structure throughout the patient's life, given the dynamic nature of the schizoaffective disorder. Supportive group programs can also help if the patient has been in social isolation and provides a sense of shared experiences among participants.

## 3. Treatment/Management of Schizoaffective Disorder by Ayurvedic Medicines.

| Procedure            | Medicines                                    | Rationale   |
|----------------------|--|---|
| Virecana             | Avipatty churana                             | Pitta Samana (anger reduced, and manage quality sleep)  |
| Talapotchil          | Purana-dhatri and musta                      | To induce sleep and to make more liable   |
| Rookshana            | Gandarvahastadi kwatha<br>Vaisvanara choorna | To provide rookshana prior to snehana   |
| Snehapana            | Mahat Pancagavya ghrta                       | Vathakaphasamana (internal purification, reduce impulsivity, decision making capacity improved) |
| Abhyanga + Usmasveda | Danvantarataila                              | Unmadahara  |

|   |   |
|---|---|
| Ayurvedic Medicine for Bipolar disorder | Brahmi, Ashwagandha, Medhya rasayana, Shankpushpi, Kapikacchu, Tagar. |
| Ayurvedic Medicine for Schizophrenia    | Mandukaparni, Yastimadhu, Guduchi, Sankpushpi, Vacha, Pepper.         |

Treatment of **Unmada** should be planned considering the involvement of vata dosha. Based on the symptomology, the role of Pitta and Kapha should also be considered as associated Dosha during the management. Schizoaffective disorder can be explained under the condition of Vata-kaphaja Unmada. The role of Manas is being considered imperative in the pathogenesis of Unmada. It is already explained in the classics that the Vata dosha is the key controller of mind. For the treatment of Schizo-affective disorder initially virechana can be performed with Avipatty choorna. After this, Sirolepa or Talapotchil

can apply for few days with purana dhatri churana and musta for improving sleep quality. Sodhana procedure are quite essential in the treatment of unmada along with or ahead of the samana therapies. Gandarvahastadi kwatha and Vaisvanara choorna is capable of removing the avarana of the mind due to Kapha dosha as well and improving buddhi and medha. A combination of Swetasankupuspi, gokshura and sarpagandha at a dose 1 gram twice daily after food with lukewarm water, which can reduce the nature of anxiety and agitation.



#### Diet Recommendation (Aahar) –

- Use of milk, ghee, sweet dish etc. That influences the Pravar Satva (Higher Mental Equilibrium).
- Madhur rasa and Amla rasa – strength the indriya & positively influence the satva ( Positive State of Mind).
- Medhya rasayana is recommended.

#### Life Style Changes (Vihar) –

- Achar rasayan – good behavior and life style to influence the Pravar Satva (higher mental equilibrium)
- Meditation and pranayama may be beneficial in schizoaffective disorder.

## II. CONCLUSION

Schizoaffective disorders are one of the least explored areas in the field of psychiatry as per reported studies. The condition is often misdiagnosed in a primary clinic. The symptoms of the disease can be grouped under the eight vibhramas explained in the context of Unmada in Ayurveda. Treatment should be planned/considering the dosha predominance and usually varies from case to case. In the present case Kapha dosha is predominant with the association of other doshas. The condition was effectively managed with the selected protocol from the Ayurveda system of medicine even though, it cannot be generalized as such. Further vibrant research works have to be conducted and should be documented for the advancement of Ayurveda psychiatry and for the compassionate care of the affected as a whole.

## REFERENCES

- [1]. Ahuja, N. (2011). A Short Textbook of Psychiatry. 7th ed. Jaypee Brothers medical publishers, (p) Ltd, 87. <https://www.medicalnewstoday.com/articles/190678.php>.
- [2]. Benjamin, J.S., Virginia Alcott Sadock, Kaplan & Sadock . (2007). Synopsis of Psychiatry-Behavioral Sciences /Clinical psychiatry.11th ed. **Lippincott Williams & Wilkins**; 324.
- [3]. Vieta, E. (2010) Developing an individualized treatment plan for patients with schizoaffective disorder: from pharmacotherapy to psychoeducation. **Journal of Clinical Psychiatry**. 71 (2), 9-14.
- [4]. Cascade, E., Kalali, A. H. & Buckley, P. (2009). Treatment of schizoaffective disorder. **Psychiatry Edgmont**. 6(3), 7-15.
- [5]. Kane, J.M., Carson, W.H., Saha, A.R., Mcquade, R.D., Ingenito, G.G., Zimbroy, D.L. & Ali, M.W. (2002). Efficacy and safety of aripiprazole and haloperidol versus placebo in patients with schizophrenia and schizoaffective disorder. **Journal of Clinical Psychiatry**. 63(9), 763-771.
- [6]. Addington, D.E., Pantelis, C., Dineen, M., Benattia, I., & Romano, S.J. (2004). Efficacy and tolerability of ziprasidone versus risperidone in patients with acute exacerbation of schizophrenia or schizoaffective disorder: an 8-week, double-blind, multicenter trial. **Journal of Clinical Psychiatry**. 65(12), 1624- 1634.
- [7]. Ciapparelli, A., Dell'Osso, L., Bandettini, A., Carmassi, C., Ceconi, D., Fenzi, M., Chiavacci, M.C., Bottai, M., Ramacciotti, C.E., & Cassano, G.B. (2003). Clozapine in treatment-resistant patients with schizophrenia, schizoaffective disorder, or psychotic bipolar disorder: a naturalistic 48-month follow-up study. *Journal of Clinical Psychiatry*. 64(4), 451-458.
- [8]. Ghaemi, S.N., & Goodwin, F.K. (1999). Use of atypical antipsychotic agents in bipolar and schizoaffective disorders: review of the empirical literature. **Journal of Clinical Psychopharmacology**. 19(4), 354-361.
- [9]. Gunasekara, N.S., Spencer, C.M., & Keating, G.M. (2002). Spotlight on ziprasidone in schizophrenia and schizoaffective disorder. **CNS Drugs**. 16(9), 645-52.
- [10]. Baethge, C., Gruschka, P., Berghöfer, A., Bauer, M., Müller-Oerlinghausen, B., Bschor, T., & Smolka, M.N. (2004). Prophylaxis of schizoaffective disorder with lithium or carbamazepine: outcome after long-term follow-up. **Journal Affect Disorder**. 79(13),43-50.
- [11]. Bogan, A.M., Brown, E.S., & Suppes, T. (2000). Efficacy of divalproex therapy for schizoaffective disorder. **Journal of Clinical Psychopharmacol**. 20(5), 520-522.
- [12]. Dietrich, D.E., Kropp, S., & Emrich, H.M. (2003). Oxcarbazepine in the treatment of affective and schizoaffective disorders. **Fortschr Neurol Psychiatr**. 71(5), 255-564.
- [13]. Leucht, S., McGrath, J., White, P., & Kissling, W.(2002). Carbamazepine for schizophrenia and schizoaffective



- psychoses. **Cochrane Database Syst Rev.**(3), CD001258.
- [14]. Koenig, A.M., & Thase, M.E. (2009). First-line pharmacotherapies for depression - what is the best choice. **Pol Arch Med Wewn.** 119(78), 478-486.
- [15]. McInerney, S.J., & Kennedy, S.H. (2014). Review of evidence for use of antidepressants in bipolar depression. **Prim Care Companion CNS Disorder.** 16(5), 56- 62.
- [16]. Fitzgerald, P., Castella, A., Arya, D., Simons, W.R., Eggleston, A., Meere, S. & Kulkarni, J. (2009). The cost of relapse in schizophrenia and schizoaffective disorder. **Australas Psychiatry.**17(4), 265-272.
- [17]. Pharoah, F.M., Rathbone, J., Mari, J.J. & Streiner, D. (2003). Family intervention for schizophrenia. **Cochrane Database Syst Rev.** (4):CD000088.
- [18]. Phutane,V.H., Thirthalli, J., Kesavan, M., Kumar, N.C. & Gangadhar, B.N. (2011). Why do we prescribe ECT to schizophrenia patients. **Indian J Psychiatry.** 53(2):149-151.
- [19]. Iancu, I., Pick, N., Seener-Lorsh, O. & Dannon, P. (2015). Patients with schizophrenia or schizoaffective disorder who receive multiple electroconvulsive therapy sessions: characteristics, indications, and results. **Neuropsychiatr Dis Treat.** 11, 853-862.