



Case Study

HOLISTIC MANAGEMENT OF CYCLOTHYMIC DISORDER

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ABSTRACT

Cyclothymic disorder, sometimes referred to as cyclothymia disorder, characterised by recurrent episodes of depression hypomania and depression. Because cyclothymic disorder is not very severe, it is frequently underdiagnosed. Although the prevalence of this condition is almost equal among men and women, women seem to seek therapy more frequently. Approximately 50% of those with depression who are assessed at outpatient mental health institutions are diagnosed with this disease. This paper deals with a 36-year female patient having presenting complaints of rapid mood changes, not interested in job and irritability every day. The symptoms met the DSM 5 cyclothymia diagnosis criteria. Upon assessment, symptoms predominantly indicative of *Kapha dosha* imbalance are observed. Consequently, the cyclothymic disorder is considered to be *Kaphaja unmada*. The HAM A and HAM D scales were used for assessment both before and after therapy. The patient was admitted to the inpatient department of *Manorogavijana evam manasika roga* and treated with a combination of *Panchakarma* therapies (internal bio-cleansing therapies), internal medications, motivational counselling, *Yogasana* (yogic posture), *Pranayama* (breathing exercise) and relaxation therapy. Patient showed improvement in symptoms after treatment and marked changes noticed on assessment scales.

INTRODUCTION

Bipolar I disorder, bipolar II disorder, and cyclothymic disorder are the three forms of bipolar disorder. There are noticeable variations in mood, energy, and activity levels in all three categories. Regular hypomanic and depressed symptoms that are not severe enough or persistent enough to be classified as hypomanic or depressive episodes are the hallmark of cyclothymic disorder, also known as cyclothymia.^[1]

The Fifth Edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) distinguishes cyclothymic disorder.^[2]

One significant diathesis for significant mood disorders could be cyclothymic disorder.

Major mood disorders and peri-clinical mood swings are linked by constructs like cyclothymic disorder, which justifies their significant place in dimensional models of psychopathology and mood. According to available data, cyclothymic disorder is a common and severely debilitating condition on the bipolar spectrum that may offer special insights into the causes and consequences of bipolar disorder. Future research studies must take cyclothymic disorder into account in order to accurately diagnose and treat the entire range of bipolar disorder, as well as to comprehend the developmental trajectory of bipolar spectrum illnesses.

Ayurveda takes into account all facets of a living being's bodily, mental, and spiritual well-being. The impairment in the psychological realms of *Manas*, *Budhi*, *Samjna*, *Jnana*, *Smrti*, *Bhakti*, *Sila*, *Cestha*, and *Acara* is called *Unmada*, according to *Charaka*.^[3]

This condition is considered in Ayurveda as *Kaphaja unmada* as the patient had more *Kapha dosha* imbalance. The article shows the significance of

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management of cyclothymic disorder with holistic management.

Case History

A 36-year-old female presented with a 1.5-year history of mood instability, irritability, disinterest in work, and low backache. She was active and academically bright in childhood, but began showing emotional withdrawal during adolescence when her father went abroad. She had a love affair rejected by family, which caused sadness but she adapted. After post-graduation, she worked in IT and entered an emotionally unfulfilling marriage with a relative who lacked sexual interest. Hoping a child would improve the marriage, she conceived with difficulty. Her husband abandoned her during pregnancy, and they later divorced. She developed depressive symptoms including binge eating, hypersomnia, and poor interest in caregiving.

Three years ago, she underwent an emergency hysterectomy, which deeply affected her emotionally. A year ago, she remarried a man from a different caste with financial issues. He left soon after marriage for 10 months due to prior obligations, worsening her feelings of abandonment and worthlessness. After his return, she showed improved functioning but has episodic irritability, decreased sleep, and increased activity lasting about a week, followed by low mood and fatigue. Four months back She consulted a psychologist and psychotherapy was advised. She was admitted in the Manasaroga IPD of Vaidyaratnam P.S Varier Ayurveda College, Kottakkal, for Ayurvedic management.

Medical History

- ✓ History of hysterectomy – 3 years back
- ✓ 4 months back started psychiatric medication

Now she is on

- Tynept talet 0-0-1
- Epsilon tablet 0-0-1

Family History

There was no reported psychiatric history in family.

Clinical Findings

Pulse rate- 72/min and regular, blood pressure- 120/80mmHg temperature was 97.6°F, and respiratory rate was 14/min BMI was 19.4 with height 172 cm and weight 63kg.

Mental Status Examination (MSE): The patient was moderately built. she was found to be sad and irritable

during interview. Eye contact was maintained and rapport was established with ease. The psychomotor activity was slightly reduced and talking normally with low tone. She cried during interview. On assessment, the mood was found to be depressed and fluctuations in mood were present on the same day of interview. The affect was congruent with the mood. The thoughts appeared to be goal directed and conveyed hopelessness, helplessness or thinking about death in speech. She was conscious and oriented about the time, place and person. In cognitive assessments all domains found to be intact. Patient had the ability to understand the situation and symptoms so the insight was graded as 5. The Ayurveda *Pareeksha* performed was mentioned in Table 1.

Diagnostic Assessment

Considering the detailed history and MSE, the case was diagnosed as cyclothymic disorder as per DSM 5. Recurrent periods of hypomanic and depressed symptoms that are either too mild or too brief to be classified as hypomanic or depressive episodes are the hallmark of cyclothymia.^[4] This noticeable shift in functioning shouldn't be severe enough to necessitate hospitalization or to significantly impede social or vocational functioning.

Based on Ayurvedic understanding of psychological impairment of mental factors, in *Ashtavibhramas bhakti vibhrama* (change in desires and likes) and *Seela vibhrama* (change in emotion) were present. Also, considering the typical features of *Doshas* mentioned in Table 2 the disease was diagnosed as *Kaphaja unmada*.

Management

- Internal medication started from the first day of treatment. It was enlisted in the table 3.
- 17 days treatment procedure and yoga protocol were also administered which was mentioned in Table 3.

Follow -Up and Outcome

There was a significant improvement in her mood swings and low energy. There was subjective improvement in sleep, motor activities and irritability. Her thoughts were hopeful during the discharge time. Assessment was done with Hamilton's Anxiety rating scale and score reduced from 33 to 12. Score on Hamilton's depression rating scale reduced from 15 to 8 marked within a time period of 17 days. (Figure 1).

Table 1: Ayurvedic clinical examination

Prakrthi	<i>Kapha vatha</i>
Vikrthi	<i>Kapha pitha</i>
Manasika prakrthi	<i>Rajasa tamasa</i>
Satva	<i>Avaram</i>
Abhyavaharana sakti	<i>Sarvarasa satmyam</i>
Jarana sakti	<i>Madhyama</i>

Table 2: Symptoms based on Dosha

Dosha	Symptoms
<i>Pitha</i>	<i>Krodha (anger)</i>
<i>Kapha</i>	<i>Atinidra (excess sleep), Naari viviktha priyatha</i>

Table 3: Observations during the treatment (Yukthivyapasraya chikitsa and yoga)

Internal medicines	Dose	Anupana	Aushadhakaala	Rationale
<i>Drakshadi kashayam</i>	90ml	Nil	2 times a day before food (8 AM, 6 PM)	<i>Vathapitha haram</i>
<i>Sweta sankhupushpi + Yasti [16] + Aswagandha [17]</i>	5gm (2gm + 1gm + 2gm)	Lukewarm water	2 times a day after food	<i>Medhya, Rasayana</i> action
<i>Gandharvahastadi Kashaya</i>	90ml	Nil	2 times a day before food (11 AM, 8 PM)	<i>Vatanulomatha</i> , anti-inflammatory, carminative
<i>Manomitram tab</i>	1-0-1	Warm water	2 times a day after food	Anxiolytic effect, adaptogenic effect, stress reduction
<i>Yogaraja guggulu</i>	1-0-1	Warm water	2 times a day after food	Anti-inflammatory, rejuvenating body and mind

Procedure	Duration	Medicine	Rationale	Observation
<i>Udwarthana</i>	5 days	<i>Yavakolakulatha curna</i>	<i>Rookshana</i> property	Lightness of body
<i>Rookshana</i>	3 days	<i>Gandarva hasthadi Kashaya</i> 90ml BD before food <i>Shaddarana</i> tablet (1-0-1) after food	<i>Kaphaharam, Amapachanam</i>	Appetite improved
<i>Snehapana</i>	2 days	<i>Kalyanaka ghrtha</i> (30ml & 150ml)	<i>Smrtimedhaa karam, Agnideepanam</i>	Sleep improved, positive thoughts
<i>Abhyanga ushmasweda</i>	2days	<i>Dhanwantaram tailam</i>	<i>Dosha vilayana</i>	
<i>Virechana</i>	1 day	<i>Ichabhedi</i> -2 tablet	<i>Koshtashodana</i> purpose	Number of Vegas – 7 Clarity of thoughts, improved social connections
<i>Nasya</i>	7 days	<i>Anutaila</i>	<i>Indriya prasadanam</i>	Clarity of mind, mood become stable, active in doing works

Yoga Training -45 minutes daily along with treatment procedures

Breathing exercises	1. Hands in and out 2. Hands up and down 3. <i>Hastha uttana padahasthasana</i> breathing 4. Cat cow breathing	Relaxed body and mind
Asanas	1. <i>Tadasana</i> 2. <i>Padahasthasana</i> 3. <i>Ardha chakrasana</i> 4. <i>Trikonasana</i>	

	Sitting 1. <i>Vakrasana</i> 2. <i>Bhadrasana</i> 3. <i>Vajrasana</i> 4. <i>Sasankasana</i> 5. <i>Ustrasana</i> Prone <i>Bhujangasana</i> Lying 1. <i>Uttana padahasthasanam</i> 2. <i>Pavanamuktasana</i>	
Pranayama	<i>Nadisodhana</i> <i>Brahmari</i>	
Aum meditation		

Table 4: Score on assessment

Scale	BT (25/3/24)	AT (11/4/24)
HAM A	33	12
HAM D	15	8

Table 5: Clinical observations

Symptoms	Before treatment	After treatment
Appearance	Ill looking, sad face	Good looking, happy face
Mood	Sad, irritable	Euthymic
Speech	Reduced speech	Speech clarity improved; communication improved
Thought	Increased negative thoughts	Thoughts cleared
Socialization	Reduced socialization	Improved
Psychomotor activity	reduced	Improved
Appetite	Binge eating	Improved appetite

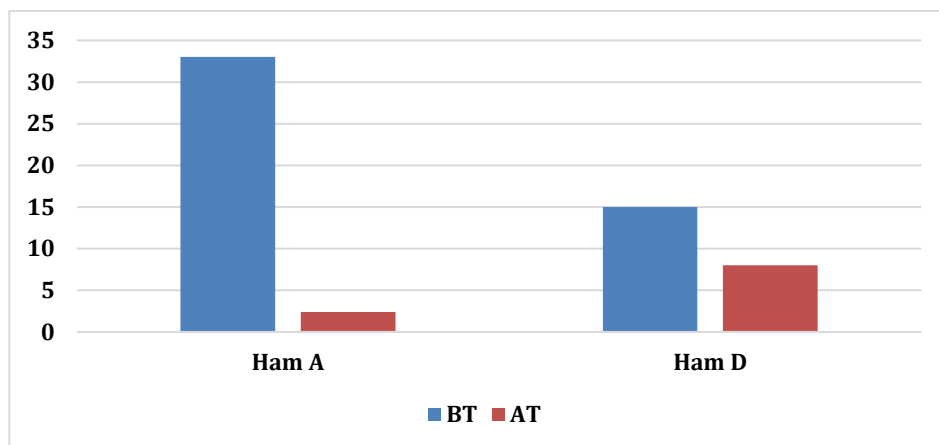


Figure 1: Outcome measures on HAM D and HAM A scale

Patient was comfortable at the time of discharge, and the internal medicines were advised for further one month, which includes *Drakshadi Kashaya* (90ml, BD, before food) and a combination of *Sweta sankupuspi*, *Aswaganda curna* 0.5gm along with *Kalyanaka ghrta* in a dose of 5gm at bedtime. The patient was advised to practice *Nadi shodhana* daily.

DISCUSSION

Cyclothymic disorder is a milder form of bipolar disorder, in which manic symptoms and depressive symptoms occur, but they are never severe enough to make a diagnosis of mania/hypomania or depression. The present case was diagnosed as short duration cyclothymia, according to DSM 5 criteria (296.89) with current state of mild depression on the time of admission.^[5] Based on the Ayurvedic

assessment of psychological impairment of mental function, the disease was diagnosed as *Kaphaja unmada*, where the symptoms are indicative of vitiated *Kapha dosa* (*Dosha* responsible for cognition) and *Rajo guna* (one among the three psychological qualities responsible for activity, initiation, action and attachment), whereas lack of interest in daily activity in an off and on mode, low energy, irritability, low self-esteem indicated vitiation of *Kapha* and *Tamo guna* (delusion and ignorance). There was low back ache and anger outburst in patient symptoms indicating *Bahudoshavastha* (increased morbid body humors). Thus, on evaluation, the *Sharirika soshas* (three regulatory functional factors in body) and *Manasika doshas* (psychological factors) were found impaired. On assessing *Prakrti* of the patient is *Kapha vataja*, *Rajasika satwa* and *Avara satvata* which are more prone factors for depressive episodes. Patient had life events of loss of loved one, divorce and unexpected hysterectomy which be a triggering factor. Lifestyle, being stressful job and irregular dietetic pattern, fast food and binge eating pattern be a *Dosha* vitiating factor. Considering the *Bahudosha Avastha*, *Shodhana* was planned.

The treatment aimed at *Srothosodhana*, *Samana* therapies along with *Satwavajaya chikitsa* and *Yoga* practice. Treatment aspect include *Udwarthana*, *Deepana*, *Pachana*, *Snehana*, *Virechana* and *Nasya* along with *Yoga* training and *Satwavajaya* sessions under the supervision of experts from *Manasa roga* department. Internally given a combination of *Swetha sankhupuspiurna*, *Aswagandha* and *Yasti*. It is a psychostimulant medicine in the Ayurvedic conventional practice, had an anxiolytic action. *Drakshadi Kashaya* and *Manomitram* tablet were given and considering her low back ache *Yoga raja guggulu* and *Gandarva hasthadi Kashaya* were added.

In *Poorva karma* (preparatory measures), *Agni* (digestive fire) and *Ama* (metabolic toxins) was addressed.^[6] The treatment procedure was started with *Udwarthana* using *Yava kolakulathadiurna*^[7] for 5 days. It helps in *Kapha medo vilayana* (liquefy and eliminate the body fat) and pacifies the increased *Kapha dosha*. *Rukshana* was done with *Gandarvahasthadi Kashaya*^[8] and *Shatdaranaurna*^[9], for its carminative and digestive action.

Shodananga snehapana in *Uttama matra* was done with *Kalyanaka gritha* indicated in *Unmada*, As the patient had *Kapha-pitta* predominant *Lakshanas*^[10]. *Kalyanaka gritha* was selected for *Snehapana* in *Uthamamathra snehapana* considering the *Kapha pithahara* nature^[11]. *Abhyanga ushma sweda* done with *Dhanwantharam taila*^[12]. *Virechana* was done with *Ichabhedi* tablet 2 in morning^[13], properly administered *Virechana* brings *Srothoshudhi*, *Indriya*

visudhi and also increases the *Agni*^[14]. After the *Samsarjana krama*, the appetite become normal and there was an improvement in mood, become euthymic. Patient found to be calm and relaxed. Anxious thoughts persist. considering this, *Nasya* was done with *Anutaila* which has *Indriya prasadana* action.^[15]

Yoga was also included throughout the treatment period which yielded good results [Table 3]. *Yoga* has been shown to decrease cortisol levels, leading to a reduction in stress and anxiety. It also activates the relaxation response, which counters the effect of stress and promotes relaxation. After doing yoga, patient reported calmness of mind and reduction in anxious thoughts.

As the patient had an insight about her condition and was compliant to the treatment *Satwavajaya chikitsa* also implemented. There were two counselling sessions for patient. In the counselling session, her thoughts were addressed and she was made aware of more reality-oriented approaches with a considerable reduction in Ham A and Ham D scale. Two counselling sessions were provided for her husband by *Manasa roga* experts for better handling her symptoms

On clinical observation [Table 4], after the 17 days of treatment, patient had stability in mood and energy were observed. She had maintained good relation and communication with family especially to her husband. She was comfortable in social interactions. Follow up was done after one month and considerable reduction in symptoms like mood changes, anger outburst etc., were noted. Advised to continue medication for one month.

CONCLUSION

While considering the aspects of cyclothymic disorder, there have been significant advances in the management of mood changes. Evidence from a number of studies shows that antidepressant monotherapy is mood destabilizing and can induce mixed manic and hypomanic episodes and rapid cycling. Ayurveda therapy including *Udwarthana*, *Snehapana*, *Virechana*, *Nasya*, *Satwavajaya chikitsa* and *Yoga* along with oral medicines is effective as well as safe in cyclothymic disorder. It helps in relieving the symptoms of low mood, low energy, anxious thoughts etc and thus improving the performance of daily activity of patient and social interactions. Furthermore, studies are required for the generalization of the observed results.

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