A PILOT STUDY OF ROLE OF BRAHMYADIYOGA IN CHRONIC UNMADA (SCHIZOPHRENIA)*

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ABSTRACT: Brahmyadiyoga a compound drug was used on fourteen Chronic Unmada patients suffering from 2 years to 8 years between the age range of 18 to 40 years of either sex. The dose of the drug was 8 gms. to 16 gms. for three months. Assessments were done independently by Ayurvedic physician, Psychiatrist and Clinical Psychologist. Seven out of 10 patients who underwent treatment for three months and all the four patients who took the drug for two months improved.

Introduction

Brāhmyādiyoga, a herbal compound developed by the Ayurvedic Research Unit consisting of Brāhmī (Centella asiatica), Vaca (Acorus calamus), Sarpagandhā (Rauwolfia serpentina), Kuṣṭa (Saussurea lappa), Tagara Nymphoidis macrospermum and Jaṭāmāmsi (Nardostachys jatamamsi) was found to be effective in patients with various types of acute Doshaja Unmada (Schizophrenia). The present study was taken up in order to examine the efficacy of the drug in Chronic Unmāda.

Method and material

Fourteen patients suffering from Chronic Unmada (Schizophrenia) in the age range of 18 to 40 years of both sex with active symptoms whose chronicity was between 2 to 6 years were selected for the study.

Ten patients 8 male and 2 female, completed the treatment. Four patients 2 male and 2 female who did not take complete treatment were dropped out from study for reasons of escape, discharge

against medical advice, or non-co-operation to take the medicine.

Medicine Brāhmyādiyoga was administered orally in the tablet form.

Duration of the treatment: Ninety days.

Investigations: The Routine blood, E. C. G. and Urine examinations were carried out before and after the treatment.

Assessment: The following assessments were carried out independently.

- The symptom rating was done by the Clinical Psychologist on the basis of symptoms rating scale (Rockland, 1965) initially and fortnightly.
- Ayurvedic assessment was done initially and fortnightly on the basis of Manah Parikşa and symptoms present in the patients.
- A clinical assessment was done by a Psychiatrist before and after the completion of treatment.

Results

Psychological assessment was done on the symptoms rating scale: There are three

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categories of scores viz. positive score, negative score and total score. The S.R.S. consists of 16 categories and each category has positive and negative scores. Total positive scores and negative scores as well as a total score taking into account both positive and negative scores are found for each patients for the initial assessment and final assessment. The difference between the initial assessment scores and the final assessment scores in the three types of scores, indicates either improvement or deterioration.

The following table gives mean, S.E., t-value, D.F. and P-value for the positive scores, Negative scores and Total scores.

Scores	Mean	S.E.	t-value	D.F.	P.value
Positive	14.8	2.8	5.632	9	P<0.001
Negative	10.0	4.2	2.353	9	P<0.05
Total	24.8	5.8	4.274	9	P<0.005

Student t-test was used to test the significance of the mean differences in the initial and final scores.

The mean difference is found to be significant in all the categories of scores, P < 0.001 in positive scores, P < 0.05 in negative scores and P < 0.005 in total scores. The results show that the treatment is effective.

The following table shows the number of patients improved/not improved according to the Ayurvedic assessment:

Sex	Improved	Not improved	Total
Male	6	2	8
Female	2	_	2
Both sex	8	2	10

Clinical assessment: In this assessment, improvement was given in terms of "percentage of improvement in each patient", "no change" and "deterioration".

The following table shows the results according to clinical assessment:

Sex	75% Improvement	50% Improvement	No Change	Deterioration	Total
Male	2	2	3	1	8
Female	1	1	_	<u> </u>	2
Total	3	3	3	1	10

The following table shows comparison of three assessments.

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SI No		Sex	Symptomatic Rating scale (Improvements in Units)	Ayurvedic assessment	Clinical Assessment
1.		F	32	Improved	75% improved
2.		M	52	Improved	50% improved
3.		M	19	Improved	No change
4.		M	12	No change	No change
5.		M	43	Improved	75% improved
6.		M	32	Improved	75% improved
7.		M	22	Improved	50% improved
8.		F	37	Improved	50% improved
9.		M	11	Improved	No change
10.		M	10	Deterioration	Deterioration

out of the ten patients who completed the treatment, six improved according to all the three assessments. In the four patients disagreement among the three researchers. Therefore, here, agreement of two researchers is taken into consideration. Accordingly, one improved and the remaining three patients did not improve.

Four patients who were treated for a period of two or more than two months but considered as drop-outs also showed 'improvement' according to the symptoms rating scale and the Ayurvedic assessment.

Table showing the mean improvement and standard error in the four patients according to symptom rating scale

Mean	S.E.	
14.0	6.1	
11.3	9.4	
25.3	3.8	
	14.0 11.3	

The clinical assessment was not carried out in these patients as it was scheduled to be carried out only after the completion of the treatment. The mean improvement according to the symptom rating scale in both completed and drop-out patients is almost the same.

Side effects

No major side effects were observed and no significant change was noticed in laboratory investigations. In one patient, minor hypotension was noticed and same was controlled by reducing the dose of the medicine.

Discussion and conclusion

Among the ten patients who completed the treatment 7 improved. The four patients who dropped out also showed improvement. Totally eleven out of fourteen patients improved.

Broadly speaking, the drugs used in the compound, possess the qualities of those which are brain tonics, tranqulizers, hypnotics and sedative, in considerable potency. Obviously this must have been the reason for the efficacy of the compound.

Brahmyadiyoga appears to normalise manovikṛti (mental disorder) by influencing tridosha and mental faculties viz, mana, buddhi, smriti....etc.

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