

CASE STUDY

Outcomes of Post Covid Stress Management in an Ayurvedic Perspective – A Case Study

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ABSTRACT

The Covid 19 pandemic has created a high level of psychological distress in the population. The distress fall into the category of anxiety, depression, post traumatic stress disorder etc. This paper highlights the treatment of a case of post covid anxiety through an Ayurvedic perspective. The purpose of a case study is to highlight the Ayurvedic perspective towards treatment of mental illnesses. Also, how to incorporate Ayurvedic psychiatric principles in the management of psychosomatic illness which emerge as a complication to the pandemic. The present study showed marked improvement after the treatment protocol which included noth yuktivyapashraya and satwavajaya line of chikitsa

Key Words Covid, Psychiatry, Yuktivyapashraya, Satwavajaya

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INTRODUCTION

COVID-19, a communicable disease, has instilled fears in the minds of the community because of severe morbidity, mortality and efficacy of high transmission. Therefore, anxiety to self-infection and passing the infection to friends, families and co-workers emerges as an emergency. The constant fears of getting the infection also lead to the development of mental stress. People with an already existing mental health derangement may feel even more distressed, and there can be an increase in their problems. There are several reasons why the current COVID-19 pandemic might have psychiatric consequences.

Some of these reasons relate to the wider social impact of the pandemic and the governmental response, including physical distancing measures and quarantine. Both the infected and non-infected population might be susceptible as a result of certain experiences, such as widespread anxiety, social isolation, stress in health-care workers and other essential worker and unemployment and financial difficulties. Other experiences might be specific to individuals who are infected with the virus, such as concern about the outcome of their illness, stigma, and amnesia or traumatic memories of severe illness.

The pandemic being very new to the medical science not much of published data is available regarding post covid psychological intervention

CASE STUDY

through Ayurveda. The present case study shows one methodology how we can manage the psychological distress developed as result of covid infection, through Ayurvedic principles.

PATIENT INFORMATION:

De-identified demographic and other patient information:

A 54 year old female patient had visited the OPD of Sri Sri Hospital of Ayurveda, Bangalore on 8th March 2021. She was from Delhi and had presented with symptoms of breathlessness, fear of death and fear of spreading Covid to near ones since last 20 days. She was assessed on OPD basis and was advised for admission after getting a negative RTPCR report. She was diagnosed with Covid 19 infection 2 months back and was treated at an allopathic hospital in Delhi.

Main concerns and symptoms of the patient:

Patient complained of breathlessness, fear of death, fear of spreading Covid 19 virus to others since last 20 days. These complaints made her unable to do the day to day activities. She was a teacher and was supposed to carry on with online teaching but due to these difficulties she has applied for voluntary retirement.

Medical, family and psychosocial history including genetic information:

History of covid 19 infection 27 days back. Hospitalization followed by Covid 19 infection as the SPO₂ levels had dropped to 82%.

Family history of psychiatric illnesses were present in the maternal side. Mother is a

diagnosed case of depression, on medication since last 10 years.

The patient is introvert by nature **having more of cluster A personality type**. The patient had very good relationship with her family members and reported good cordial contacts at her workplace too. She was over concerned about her and her family members' health soon after the pandemic outbreak. Once after getting exposed and after testing positive, her fear of death and fear of she infecting other family members increased drastically.

Relevant past interventions and their outcomes:

She underwent hysterectomy in the year 2008 because of heavy menstrual bleeding which was diagnosed to be of multiple fibroids. Post surgical recovery was uneventful.

History of surgery for renal calculi in 2011. Post surgical recovery was uneventful.

Post covid lung fibrosis, on medication for diabetes mellitus

Clinical findings;

Examination:

Mental Status Examination

- Eye contact - slightly restless;
- Mood - anxious and irritable;
- Affect - congruent and
- Thoughts - overvalued ideas.
- General Appearance and Behaviour -She was well dressed, normal grooming, speech content was appropriate
- Perception -intact.

CASE STUDY

➤ She was conscious, awake, alert and responsive, was oriented to time, place and person

➤ Intelligence, memory, insight and judgment were intact

Relevant physical examination (PE) and other clinical findings:

The patient complained of disturbed sleep, anxiety and confusion at the time of admission. She was suffering from acute breathlessness. Her oxygen saturation was 89%. With a height of 4feet 11 inches and weight of 83 kg, she was found to be obese with a BMI of 37. Ayurvedic assessment of the patient could only be done remotely. However, interrogation indicated that her Agni (digestive capacity) was weak and she could not eat well. Her ojas (vitality) was low and she was feeling very fatigued.

Diagnostic assessment:

Psychological assessment of the patient was done using HAM-A scale where the score was 20 at the time of admission. Hence the patient came under the category of moderate anxiety.

Other routine blood investigations were done to get clear picture of systemic disorders

Hb -12.7 g/dl; TLC -7100; RBC - 5 million/cu.mm;

Neutrophils -70%; Lymphocytes- 30%; Platelet- 2.23 lakhs/cu.mm, FBS -199mg/dl

Therapeutic intervention:

Type of intervention for the psychological disturbance:

1) Higuvashtaka churna ½ tsp twice daily along with ghee in the first bolus of food for three days

2) Stresscom capsule 2 tablets after food twice daily

3) Kalyanaka ghrita 20 ml Bd dosage half an hour before food mixed with a pinch of trikatu churna

4) Shiropichu with brahmi churna, shankapushpi churna and arukaladi taila every evening at 6 pm

5) Paadabhyanga with chandanadi taila every day at 5 pm

Satwavajaya chikitsa:

1)Jnana chikitsa: psychoeducation

2)Vijnana chikista: insight oriented approach to the present condition where the patient was subjected to exposure and reacton therapies

3)Dhairya chikitsa: reconcillation therapy where n different tasks were given to the patient as part of the therapy and patient had to complete the tasks in the given time

4)Smriti chikista: the part of psychotherapy where the patient was forcefully taken to memories of the past where she could handle situations better than now.

5) Samadhi chikitsa: the last part of the therapy included deeper understanding techniques with the help of different meditation procedures and yoga practices.

A gap of two days was kept between every satwavajaya session and relaxation techniques and different breathing exercises were taught to

CASE STUDY

the patient on those days so that the patient was engaged throughout.

Follow up and outcomes:

Clinician and patient-assessed outcomes:

The patient had a score of 24 in HAM_A at the time of admission, on the day of discharge the score was 8 which indicated that the levels of anxiety had come down from moderate anxiety to mild.

As per the patient, the fear factor of death from covid 19 infection, fear of infecting others reduced drastically. Along with these, her somatic complaints of pain in bilateral limbs and uncontrolled blood sugar levels had also come down with Ayurvedic treatments

The patient was discharged and asked to contact us via tele consultation after 15days.

Intervention adherence and tolerability:

The patient opted for Ayurvedic treatment out of her own will and was very enthusiastic to continue the treatment because she responded well to the medicines administered. On the other hand, she was not willing to take any of the Allopathic medicines administered to her for her psychological disturbances.

Adverse and unanticipated events:

No adverse or unanticipated events were reported by the patient.

DISCUSSION

Strengths and limitations in the approach to treating this case:

The patient was quite motivated to stick on to ayurvedic treatment. She had completely refused to take allopathic medicines for her psychiatric illness. Since she was a diabetic patient on medication we could not go for syrup based preparations which had proven results in cognitive impairments. Limitation of the study was that the initial phases of satvavajaya chikitsa was via online consultation. But the patient had high tolerance and adaptability that she could follow the instructions properly. Patient was very well adjusted to the diet which was prescribed. The diet included more of ghee based preparations and ganji which was light to digest.

Discussion of the relevant medical literature:

With the unfolding of the COVID-19 pandemic, there is an ascent in psychological issues amongst people globally. People are finding it difficult to cope with the fear of contracting corona virus, loss of loved ones, economic and occupational burden and other psychosocial issues, and also are in a state of uncertainty about the future. It is therefore, essential for mental health professionals to correctly measure the burden of psychological and psychosocial problems in the community to provide timely psychological first-aid to those in need. There are several reasons why the current COVID-19 pandemic might have psychiatric consequences. Some of these reasons relate to the wider social impact of the pandemic and the governmental response, including physical distancing measures and quarantine^{1,2}. Both the infected and non-infected population might be susceptible as a result of certain

CASE STUDY

experiences, such as widespread anxiety³, social isolation², stress in health-care workers and other essential workers⁴, and unemployment and financial difficulties⁵. Other experiences might be specific to individuals who are infected with the virus, such as concern about the outcome of their illness⁶, stigma⁷, and amnesia or traumatic memories of severe illness.⁸

Classical Ayurvedic texts refer to epidemic outbreaks of respiratory illnesses⁹ and give guidelines for studying new diseases and developing treatment protocols¹⁰. Since the somatic features of covid 19 infection show more of self limiting tendency in mildly affected cases, its difficult to stick on to a particular treatment protocol. Coming to the psychological aspect, classics have given clear cut guidelines for Satwavajaya, Yuktivyapashraya and Daivavyapashraya chikitsa. So in this case we have followed a set of shamana ousdhis which enabled the patient to balance the deranged Rajo Tamo Doshas and to balance the satwa. For satwavajaya, we had performed a module on the basis of jnanavijnana, dhairya, smriti, Samadhi methodology.

There is no fundamental differences between ayurvedic satwavajya and modern psychotherapy, both involve removal of harmful sense objects of mind. Charaka acharya defines it as a method of restraining or withdrawal of the mind from unwholesome objects (Arthas)¹¹ (Ca. Su. 11/54). Sattvavajaya is aimed at the control of mind i.e. one should keep himself established in his oneself after knowing the real nature of the Soul

and attaining the height of spiritual wisdom¹² (Ca. Sa. 3/) Sattvavajaya in principles is full-fledged Psychotherapy, which has been described in Ayurvedic literature. "Manaso Jnana, Vijnana, Dhairya, Smriti, Samadhibhish"¹³ "3. (Ch. Su. 1/58)". Dhi Dhairyatmadi Vijnanam Manodosausadham Param. (As.Hr.Sha.1) Thus, the term Sattvavajaya implies to that modality which is therapeutic for mental or emotional stresses and disturbances. This is secured best by restraining the mind from desire for unwholesome objects, directing it towards wholesome objects and the cultivation of Jnan, Vijan, Dhairya, Smrti and Samadhi. All these measures help in developing control over the Manas or mind, which is always unstable.

Rationale for conclusions:

Table 1

Satwavajaya	Principles	Rationale
Jnana	Psycho education: knowing the basic reason of fear	Promotion of the spiritual knowledge
Vijnana	Insight oriented approach	Promotion of practical and scientific knowledge
Dhairya	Exposure therapy, flooding	Development of will power/ patience
Smriti	Removal of negative thinking and enforcing positive memory	Promotion of positive memory
Samadhi	Understanding the self and maintenance of the skills gained	Working on development of concentration skills

CONCLUSION

The present case was a patient diagnosed with post covid anxiety. Due to the patient's fear

CASE STUDY

towards allopathic anxiolytic drug dependence, and her immense trust in Ayurveda, we could finish the treatment with promising results. In the present scenario, where the **number** of covid cases are increasing rapidly, people with psychological disturbances are also inevitable part of the pandemic. So ayurveda has a pivotal role to treat them in a customized manner as a single protocol application for the whole community may not serve the purpose.

Informed consent

Written informed consent was obtained from spouse of patient before initiation of treatment. Consent for publication of their clinical details was obtained from the patient and spouse of the patient via telephonic consultation.

Source(s) of funding

None.

Conflict of interest

None.

CASE STUDY

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