Ayurvedic Medicine for Schizophrenia

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Background
Ayurvedic medicine has been used to treat mental health problems since 1000 BC.

Objectives
To review effects of ayurvedic medicine or treatments for schizophrenia.

Search Methods
We searched the Cochrane Schizophrenia Group Trials Register (March 2007) and Allied and Complementary Medicine Database (March 2007), inspected references of all identified studies and contacted the first author of each included study.

Selection Criteria
We included all clinical randomized trials comparing ayurvedic medicine or treatments with placebo, typical or atypical antipsychotic drugs for schizophrenia and schizophrenia-like psychoses.

Data Collection And Analysis
We independently extracted data and calculated random effects, relative risk (RR), 95% CI and, where appropriate, numbers needed to treat/harm (NNT/H) on an intention-to-treat basis. For continuous data, we calculated weighted mean differences (WMD).

Results
From the 3 small (total n = 250) short included studies, we were unable to extract any data on many broad clinically important outcomes such as global state, use of services, and satisfaction with treatment. When ayurvedic herbs were compared with placebo, about 20% of people left the studies early (n = 120, 2 randomized control trials [RCTs], RR 0.77, CI 0.37–1.62). Mental state ratings were mostly equivocal with the exception of the brahmyadiyoga group using ayurvedic assessment (n = 68, 1 RCT, RR not improved 0.56, CI 0.36–0.88, NNT 4, CI 3–12; figure 1). Behavior seemed unchanged (n = 43, 1 RCT, WMD Fergus Falls Behavior Rating 1.14, CI −1.63 to 3.91). Nausea and vomiting were common in the brahmyadiyoga group (n = 43, RR 13.13, CI 0.80–216.30). When the ayurvedic herbs were compared with antipsychotic drugs (chlorpromazine), again, equal numbers left the study early (n = 120, 2 RCTs, RR for brahmyadiyoga 0.91, CI 0.42–1.97) but people allocated herbs were at greater risk of no improvement in mental state compared to those allocated chlorpromazine (n = 45, RR 1.82, CI 1.11–2.98). Again, nausea and vomiting were found with use of brahmyadiyoga (n = 45, 1 RCT, RR 20.45, CI 1.09–383.97, NNH 2, CI 2–38). Finally, when ayurvedic treatment, in this case a complex mixture of many herbs, is compared with chlorpromazine in acutely ill people with schizophrenia, it is equally (~10% attrition, n = 36, RR 0.67, CI 0.13–3.53), but skewed data does seem to favor the chlorpromazine group.

Authors’ Conclusions
Ayurvedic medication may have some effects for treatment of schizophrenia but has been evaluated only in a few small pioneering trials. Full details of this review are reported elsewhere.10

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Reference
**Fig. 1.** Ayurvedic Herbs vs Placebo (All Short-Term Data). Outcome: Mental state: not improved.