



International Journal of  
Ayurveda and Pharmaceutical  
Chemistry  
[www.ijapc.com](http://www.ijapc.com)

**IJAPC**

VOLUME 11 ISSUE 1 2019

E ISSN 2350-0204

**GREENTREE GROUP  
PUBLISHERS**



### **Kleptomania an Ayurvedic Approach - A Case Report**

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#### **ABSTRACT**

Kleptomania is the inability to refrain from the urge for stealing items and is usually done for reasons other than personal use or financial gain. It is an impulse control disorder. The cause of kleptomania is not known. Several theories suggest that kleptomania may be linked to problems with Serotonin. Low levels of Serotonin are common in people prone to impulsive behaviours. Stealing may cause the release of Dopamine. The Psychoanalytic and Psychodynamic approach to kleptomania granted the basis for prolonged psycho analytic or psychodynamic psychotherapy as the core treatment method. In drug treatment, use of selective serotonin reuptake inhibitor (SSRI) group, which is a form of antidepressant has been used. One such female patient aged 14 years was brought by parents at SDM hospital, Udipi. An effort has been made to correlate kleptomania to *Atatvabhinivesha* based on the similarity in etiopathology, symptomatology and total clinical presentation. After analysing *nidana*, *Samprapthi vighatana* was done. Among *Medhya rasayana*, *Guduchi rasayana* was selected. In *satvavajaya chikitsa pranayama*, meditation, muscle relaxation exercises were advised. Kleptomania symptom assessment Scale was 41 and 18 before and after treatment respectively.

#### **KEYWORDS**

*Kleptomania, Atatvabhinivesha, Medhya rasayana*



**Greentree Group Publishers**

[Received 01/06/19](#) [Accepted 05/07/19](#) [Published 10/07/19](#)



## INTRODUCTION

Kleptomania is an impulse control disorder characterized by the inability to resist the impulse to steal<sup>1</sup>. The Diagnostic and Statistical Manual of Mental disorders fifth edition (DSM-5) states that kleptomania is hallmarked by recurrent failure to resist impulses to steal items even though the items are not needed for personal use or for their monetary value. The individual experiences a rising subjective sense of tension before theft and feels pleasure, gratification or relief when committing the theft.<sup>2</sup> While kleptomania does course strong impulses to steal these thieving events are not triggered or accompanied by hallucinations or feelings of anger or vengeance. There are many contributing factors to impulsivity and compulsivity such as genes, gender, environment, psychiatric disorders and substance abuse<sup>3</sup>. The neurobiology of impulsivity and compulsivity may involve inhibitory neurotransmitters such as serotonin and gamma aminobutyric acid (GABA); excitatory neurotransmitters such as glutamate comma norepinephrine and dopamine and prefrontal cortex and or limbic dysfunction. Kleptomania is a rare disorder and is only diagnosed in 0.3 - 0.6 % of the population and there are 3 females for every 1 male diagnose and most often

manifests itself during adolescence, but may also present in childhood, adulthood and in rare cases, late adulthood<sup>4</sup>.

## AN AYURVEDIC APPROACH

An effort has been made to correlate kleptomania as per classics based on the similarity in etiopathology, symptomatology and total clinical presentation. It can be correlated to the *Mahagada- Atatvabhinivesha*<sup>5</sup>. In Ayurveda, *Nidana* has vital role. In cases like kleptomania priority is given to *masanumasacarya* and *douhridatva* of mother. Where they act as the *viprakrishta nidana* in forming the pathology. Therefore, the concept of *Janmabala pravrita vyadhi*<sup>6</sup> is given consideration. The treatment plan includes both *satvavajaya chikitsa* in the form of psychotherapy and *yuktivyapasraya chikitsa* where *medhya rasayana* is administered.

## A CASE REPORT

A 14-year-old female patient from Sullia was admitted in IPD of SDM Hospital Udupi Karnataka from 19-09 2018 to 27-09-2018

Patient name : (identity hidden)

Age : 14 years

Sex : female

Religion : Hindu

Socio economic status: Lower middle class



DOA : 19-09 2018  
DOD : 27-09-2018  
OPD/IPD No : 334605 / 134842  
Address : Sullia, Karnataka  
Relation with the informant: self, mother  
and brother

**Chief complaints:**

Stealing money for 2 years

**Associated complaints:**

Unknown fear, disturb sleep, tension 3 to 4 years

**History of present illness:**

A 14-year-old girl who was studying in 9<sup>th</sup> standard had started stealing money for about 2 years. Since past 3 to 4 years patient had unknown fear and tension. She had disturbed sleep. There was difficulty in initiation of sleep and occasionally difficulty in maintenance of sleep. She went to bed around 11:00 pm but fell asleep at 1:00 am to 2:00 am. Gradually she started stealing money from home by age of 12. Initially she took less amount of money, so family members were not aware. After that huge amount was lost from the shirt pockets, cupboard etc. There was no necessity for her to steal money though all her needs were fulfilled by family members. Later her parents came to know that she has stolen money. The act of stealing was typically due to failure to resist the tension and strong urge to take the money and sense of satisfaction after

stealing. However, she would later feel guilty for stealing. Sometimes she used to give money to her friends to buy sports items. She had undergone many counselling sessions, but was not beneficial. In academics she was above average student, in 9<sup>th</sup> standard she changed her school to Mangalore due to her stealing tendency, but same issue persisted. After stealing money from hostel mates, she confessed that. In span of 10 months, she had stolen more than 32 times. For this complaint she got admitted in SDM hospital Udupi.

**History of past illness:**

Nothing specific

**Family History:**

Family consists of father mother and two elder brothers. All are healthy. Anyone of the family member has no similar complaints.

**Treatment history:**

Patient underwent many counselling session (details not available)

**Menstrual history:**

Menstrual cycle 1-3 days / irregular cycles

**Personal History:**

Appetite: good, Diet: Mixed (more of katu rasa, spicy food items), Bowels: Regular-one time/day, Micturition: 5-6 times/day, Sleep: Disturbed (Total 4-5 hours), Habits: Nothing special

**On Examination**



Mental status examination- Intact

### Kleptomania Symptom Assessment

#### Scale (K-SAS)

Score (before treatment) - 40

#### **Mother's health during pregnancy -**

Normal Douhrida, Mother had excessive desire of making own house, buying vehicle, land on 5<sup>th</sup> and 6<sup>th</sup> month. It was fulfilled at the month of 9<sup>th</sup>. Mother liked more katu rasa during her pregnancy.

#### **TREATMENT PLAN**

1) Dravyabhoota chikitsa

**Table 1** Kleptomania Symptom assessment scale (K-SAS)

K-SAS	SCORE	
	BT	AT (after 1 month follow up)
1. Urge to steal	4	2
2. Frequency of urge to steal	4	2
3. Hours preoccupied with urge to steal	3	3
4. Ability to control urges	4	2
5. Thoughts about stealing	4	2
6. Frequency of hours spend on thinking about stealing	3	2
7. Ability to control thoughts of stealing	4	1
8. Anticipatory tension or excitement	3	3
9. Excitement and pleasure after theft	4	3
10. Emotional distress after theft	2	3
11. Personal trouble after stealing	4	2
12. No of theft in last week	2	0
<b>TOTAL</b>	<b>40</b>	<b>25</b>

Score (after treatment- 1 month follow up) -25

### **DISCUSSION**

The nidana of *atattvabhinivesha* can be understood under two headings- *sannikrishta* and *viprakishta nidana*. *Sannikrishta nidana* are excessive use of *seetha*, *ushna*, *ruksha*, *snigdha* etc and factors which further vitiate *raja* and *tama*. *Viprakishta nidana* are *rajomohaavritthathmana*,

Takradhara

Cap Gudluchi rasayana 2gm TID BIF

Saraswatharishta 15ml BD

Smrithisagara rasa. 250mg HS

2) Adravyabhoota chikitsa

#### **Psychotherapy**

##### **Supportive psychotherapy**

Tension control - Meditation

Muscle relaxation exercise

##### **Re-educative Psychotherapy**

Yoga – Pranayama

#### **Follow up of one month**

*malinaharaseelatha*, *udeerna vegadharana*. In this case mother's mental status during pregnancy can be taken as *viprakishta nidana*. According to classics *manas* develops in 5<sup>th</sup> month and *buddhi* in 6<sup>th</sup> month. If mother indulges in excessive use of *katurasa* or *raja pravrtthi ahara vihara*, it acts as *garbhopathakara bhava*<sup>7</sup>. Thus, ill effect on the child or fetus



is *durbalatha* (of both *sareera* and *manas*). The vitiation of *manas* and *sareerika dosha* of the patient due to the above causative factors remains in *leena avastha*. According to Bhagavat Gita, *katu rasa* comes under *rajasika ahara*. When the patient indulges in excessive use of *katurasa* and spicy food items they act as *sannikrishta hethu* and the *dosha* becomes *prakupitha*. Then they are lodged in *hridaya* and impair the *srotas* of *mana* and *buddhi*. Further vitiated *manasika dosha* does *avarana* of *buddhi* and *manas*. *Hridaya* is also disturbed by the rampant *dosha*, a person thus affected becomes *muda* and *alpachethana*. Due to *avruta mana*, *buddhi* and *vyakula hridaya*, *muda* and *alpa chethana* person tends to develop *vishama buddhi* where he fails to decide true and false and the wholesome and unwholesome.

As treatment both *yuktivyapasraya chikitsa* and *satvajaya chikitsa* methods are followed. *Medhya rasayana* promotes the functions *buddhi* and *manas* by correcting the disturbance in *rajas* and *tamas*. *Medhya rasayana* promotes *kapha*. It enhances *dharana karma* (i.e. retention and cognition). Here in this case *Guduchi rasayana* was selected. It was given in capsule form. *Guduchi* is *tikta rasa pradhana* and is *ushna veerya dravya*. Thus, it promotes *pitta*. Also enhances

*grahana* and *smarana* (i.e. grasping power and memory).

The antistress action of *guduchi* is beneficial in depression and helps in improving cognition and memory. *Takadhara* was also done. Medication, muscle relaxation exercises along with counselling was done as a part of *satvavajaya chikitsa*. These procedures do alleviate tension by lowering oxygen consumption, metabolic rate and cardiac output. *Nadisudhi pranayama* was practiced daily.

It was noticed that sleep of the patient improved from the second of *takradhara*. After 3-4 counselling session patient's confidence level was increased. Patient was discharged with same medications and advised to continue exercises and pranayama. And to come for follow up after 1 month.

After 1 month on assessment through 'Kleptomania symptom assessment scale' (K- SAS) she scored 25. Her sleep was improved and tension was relieved.

## CONCLUSION

Kleptomania is often undiagnosed because of the social stigma and it may lead to many legal issues. Thus, *samprapti vighatana* through *medhya rasayana* along with



*satvavajaya chikitsa* to give a better outcome.



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