IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Effect Of Craniosacral Therapy Along Cognitive Behaviour Therapy, Family Focussed Therapy & Social Rhythm Therapy In A Bipolar- I Disorder Patient Along With Tension Type Headache

Daljit Kaur [1], Navkiran Virk[2]

[1]Assistant Professor, Sant Baba Bhag Singh University, Village Khiala, Distt Jalandhar, Punjab [2]Professor & Principal, Gian Sagar College of Physiotherapy, Banur, Distt Patiala, Punjab

ABSTRACT

This paper reports the benefits of Craniosacral therapy along Cognitive behaviour therapy, family focussed therapy & social rhythm therapy in a Bipolar-I Disorder patient along with tension type headache. Biploar-I disorder is a psychiatric disorder which includes two poles of mood- i.e feeling overly happy & joyful or feeling very sad or normal. An intervention of 30 days was given to the patient & prognosis was observed on diagnostic tool like the Mood Disorder Questionnaire & Young Mania Rating Scale (YMRS) before and after the interventions. A significant improvement was seen by giving advanced neurotechniques like craniosacral therapy or in conjunction with cognitive behavioral therapy (CBT), family focussed therapy & social rhythm therapy.

Keywords- CBT, YMRS, MDQS, ECT, TMT, VNS, SCID, SADS

INTRODUCTION

Bipolar-I disorder is the classic form & more severe type of disorder which is usually characterized by atleast one manic episode or mixed episode (manic & depression). But most of the people with Bipolar-I disorder having one episode of major depression. (Smith et al; 2018).

It usually begins between the teenage years and in the mid twenties, but it may also appear in later age. The mode of onset is a mild depression and most of the times it is manifested as hypersomnia for a few weeks or month, after that it is turned into manic episode. (Bernardo, 2003). According to Boker et al; 2009 stated that the age of onset of biploar disorders altered very rapidly from childhood to older age. But the mean age for this disorder is usually 21 years. In some of the cases its symptoms presented between the age of 15-19 years or 20-24 years with associated.

Boker et al; 2009 studied that the overall prevalence of biploar-I disorder of approximately 1 to 1.5%. But it is also observed that the low prevalence rate in iceland (0.2%) or three asian countries around 0.015-0.3%.

SIGNS & SYMPTOMS OF BIPLOAR DISORDER

Biploar-I disorder is divided into two phases i.e overly happy & overly sad. So, the signs and symptoms depends on which conditions will arises within 24 hours. In case of manic episode, the signs & symptoms are increased like restlessness, racing thoughts, talking very fast, poor judgement, increased sexual drive, provocative, intrusive or aggressive behaviour, distractibility and cannot concentrate well on certain work (Redfield, 1995).

During depressive phase the signs & symptoms are sadness, loss of energy, feelings of hopelessness or worthlessness, uncontrollable crying, irritabilty, increased need for sleep, suicidal thoughts, difficult in concentrating, loss of enjoyment from things that were once pleasurable. https://myclevelandclinic.org/health/diseases/9294-bipolar-disorder.

Mood & depressive disorder is also associated with tension type headcache. (Steven et al; 2006). Tension type headache is the most superior form of headache in all age groups. The common symptoms of tension type headache are decreased work effectiveness, increased absenteeism & reduced social engagement (Waldie et al; 2015)

The basic etiology of tension type headache are the result of hypertonic pericranial or cervical paraspinal muscles due to cervical spine dysfunction (Peter et al; 1996)

ASSESSMENT TOOLS FOR BIPOLAR-I DISORDER

The most commonly used methods are the structural clinical interview for DSM-IV (SCID) & the schedule for effective disorders & schizophrenia (SADS). Some researchers also used some other scales like Altman self rating mania scale, self rating mania inventory scale, Bech- rafaelson mania rating scale. (Christopher, 2009).

TREATMENT OF BIPOLAR-I DISORDER

In case of emergency management, the injection of 10 mg of haloperidol & lorazepam 2mg IM is given to the patient for reducing symptoms of bipolar disorder but this injection will produce severe side effects like respiratory depression, extrapyramidal symptoms like acute dystonic reactions etc. (Jeffrey, 2004).

The other medications used are atypical antipsychotics like clozapine (clozaril), olanzapine(zyprexa), risperdone (risperdal), quetiapine (seroquel), ziprasidone, geodon as an effective treatment for biploar disorder (Redfield, 1995).

CASE REPORT

A 32 year old female patient presenting with eight year history of depression, mood instability & tension type headache. She had lost motivation for completing her household activities and felt socially withdrawn. Other symptoms include are insomnia, nocturnal wakenings. She also get apprehensive when her Washroom was being used by some visitors except family members.

On observation, built was ectomorphic and posture in all views was normal. Ear,eye, hand or fascial expression were symmetrical. The pattern of respiration was symmetrical and type of respiration was abdominothoracic.

On examination, the depressive & Manic disorder was assessed by using Young mania rating scale (YMRS), the mood disorder questionnaire scale & show Yes to 13 items in question number 1 & yes in questions number 2 or moderate problem in question number 3, No in question number 3 & 4 in (Mood disorder questionnaire scale) or in the Young mania rating scale (YMRS) the interpretation are 14/32 on 0 to 8 scale & 10/28 on 0 to 4 scale. (Robert et al; 2000; Young et al; 1978). After assesing, the problem identified were Bipolar-I disorder. According to Kongsakon et al; found the validity & reliability of the young mania rating scale: in thai version by comparing the YMRS with that of the petterson mania scale, BMRS & global measure on 76 patients of manic depresive disorder. So, the correlations between individual rater items was 0.66 (Disruptive aggressive behaviour) to 0.95 (sleep disorder), the joint relaibilty for total scores was 0.93

Karadag et al; 2002 evaluated the relaibilty & validity of turkish translation of young mania rating scale. On fifteen male & fifteen female inpatients who were diagnosed the bipolar mood disorder and the interrater agreement & consistency was analysed by using Kappa. The agreement of the interviewers for the items was between 63.3%- 95% or kappa values for the items were between 0.114% & 0.849%.

A validation study was carried out at five US Psychiatric clinics using english speaking patients & the studies showed a consistent effect. So, MDQ was best at screening BPD type 1 (depression & mania) but was not as sensitive to BPD type II (depression & hypomania). (Hirschfeld, 2002)

THE MAIN GOALS OF TO SEE THE EFFECT OF CRANIOSACRAL THERAPY ALONG COGNITIVE BEHAVIOUR THERAPY, FAMILY FOCUSSED THERAPY & SOCIAL RHYTHM THERAPY IN BIPOLAR-I DISORDER PATIENT ALONG WITH TENSION TYPE HEADACHE

1. To create positive & healthy environment.
2. To analyse negative thoughts & see how these negative thoughts affect in patient's mind & also changing these negative thoughts into positive thoughts, thinking & behaviour through counselling of patient as well as his or her relatives for managing symptoms, avoiding triggers for relapse & problem-solving.

3. To improve interpersonal relationship or mood stabilty.
4. To stable circadian rhythms like sleeping eating or exercising.

The treatment protocol followed according to problem list & goals were described in following table

Therapies	Aim
Craniosacral therapy	Gently mobilize joints including the cranial sutures & increase mobilty of the tissues as a tissue release.
Cognitive Behavioral therapy	We analyse thought process & see how these thoughts affect Patient's emotions. We Counsel the patient about these negative thoughts and educate the patient for creating positive thinking, behaviours for managing these types of negative thoughts and also avoiding triggers for relapses.
Family Focussed therapy	To teach the patient's family members about patient's problems & teach people how to create a healthy or supportive home environment & also improving communication in between family members or patient that play a very important role for eliminating that particular problems because interpersonal issues play a very crucial role for increasing depressive disorders
Social Rhythm therapy	The social Rhythm therapy is also combined with interpersonal therapy but it is more focussed on overly sensitive biological clocks for maintaining, circulation rhythms e.g sleeping, eating & exercising. When these rhythms are stable for maintaining mood stability, automaticity 60% of the patients problem is eliminate.

PROGNOSIS

After giving above mentioned physiotherapy for 30 days (6days/week for 5 weeks). Patient was reassessed and following prognosis was observed in patient. Now the grade of the Mood disorder questionnaire is less than 7 of 13 items in question number 1, No in question number 2, 3, 4 & 5 & the young mania rating scale are 2/32 on 0 to 8 scale, 3/38 on 0 to 4 scale respectively. (Robert et al; 2000; Young et al; 1978).

The patient was now decreased symptoms of headache, doing work in a very energetic way & also showing creative interest in indoor or outdoor activities and also releived from insomnia or nocturnal wakenings. The other associated problems like Insomnia or nocturnal wakenings are also decreased.

CONCLUSION & RECOMMENDATIONS

From the present study, it can be concluded that the combined treatment like cognitive behaviour therapy, social rhythm therapy & family focussed therapy help in educating the patient for creating positive thinking, behaviours & supportve home environment as well as to improve intepersonal relationship or mood stability & stable circadian rhythm like sleeping,eating or exercising. In this program, wth therapist's guidance, feedback or appropriate input the patient lead a life in a positive manner or in a correct way, which may not be possible by medications or any other single therapy.

RECOMMENDATIONS

It is recommended that Craniosacral therapy along Cognitive behaviour therapy, family focussed therapy & social rhythm therapy in a manic depressive patient along with tension type headache can be beneficial for reducing depressive disorders But the main point is that these therapies is basically provided by a special stakeholder which can be more beneficial for the rehabilitaion of depressive patient.

REFERENCES

Bernardo, M. (2003) Bipolar disorders: A case study presentation of three cases. Presented at the american institute of homeopathy case conference. 96(4). 300-315.

Boeker, H, Binder, M.D, Hirokawa, N, Windhorst, U and Hirsch, M.C. (2009) Bipolar affective disorder. Encyclopedia of neurosciemce. Berlin, Heidelberg, New york; 420-423.

Christopher, J.M, Sheri, L.J nd Lori, E. (2009) Assessment tools for adult bipolar disorder. Clin Psychol (New york). 16(2).188-201. Doi: 10.1111/j.1468-2850.2009.01158.x

Jeffrey, A.L. (2004) A 22 year old male with a manic episode. Advanced studies in medicine. 4(10D); 904-907.

Karadag, F, Oral, T, Yalcin, FA and Erten,E. (2002) Reliabilty & validity of turkish translation of young mania rating scale. *Turk Psikiyatri derg*.13(2); 107-114.

Kongsaken, R and Bhtanaprabhabhan, D. (2005) Validity and relaibilty of the young mania rating scale : thai version, Department of psychiatry, faculty of medicine. Ramathibodi hospital, Mahidol university. *J med/Assoc tha*.88 (11), 1598-1604. http://www.medassocthai.org.journal .

Peter, T, Melinda, J.B and Tamara, S. (1996) A case study of chronic headaches.5 (2); 47-52.

Redfield, J. (1995) Bipolar disorder, An unquiet mind, NYS office of mental health.

Robert, M.A.H, Joseph, R.C, Flynn, L, Paul, E.K.J, Robert, L.S, Williams, J and John, M.Z. (2000) Development & Validation of a screening instrument for Bipolar spectrum disorder: the world disorder questionnaire. American journal of psychiatry.11. 1873-1875.

Smith, M, Segal, J and Segal, R. (2018) Biploar disorder treatment and therapy for managing bipolar disorder**.** https://www.helpguide.org/.

Waldie, K.E, Buckley, J, Bull, P.N and Poulton, R. (2015) Journal of headache & pain management. 1 (1:2); 1-9.

Young, r.c, Biggs, J.T, Ziegler, V.E and Meyer, D.A. (1978) A rating sacle for mania: reliability, validity & sensitivity: British Journal of Psychiatry.133; 429-435.