



AYURVEDA MANAGEMENT ON CANNABIS-INDUCED PSYCHOSIS – A CASE REPORT

Ayurveda

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ABSTRACT

Cannabis-induced psychosis is characterized by hallucinations, delusions, disorganized behaviour, irritability, and sleep disturbances during or shortly after cannabis use. Although it develops in relatively small proportion, but transient psychotic symptoms during intoxication are commonly observed. This is categorized under substance-induced psychotic disorders in psychiatry. This case illustrates the importance of Ayurveda management of a young adult male of 28-year-old having chronic cannabis dependence presented with recurrent episodes of irritability, insomnia, aggressive behaviour, irrelevant speech, and self-talk for last 1 year. Symptoms were temporally associated with continued cannabis use and medication non-adherence. He had multiple psychiatric admissions. Ayurveda describes similar clinical features under Vishajonmada, where exogenous toxic factors lead to vitiation of Rajas-Tamas, and Manovaha Srotodushti with predominant Vata-Pitta Prakopa. Management based on the principles of Nidana Parivarjana, Dosha Shamana, Srotoshodhana, and Medhya Rasayana therapy along with appropriate Panchakarma procedures. Management addressing substance dependence and psychiatric manifestations is essential for preventing relapse. A Brief Psychiatric Rating Scale (BPRS) assessment done before and after the treatment. The BPRS score significantly reduced from 66 to 36, also patient reported decrease in substance craving and improvement in sleep quality, behavioural regulation, emotional stability, and social interaction after treatment.

KEYWORDS

Substance-induced psychotic disorder, Unmada, Rajas-Tamas, Manovaha Srotas

INTRODUCTION

Cannabis is one among the most widely used psychoactive substances globally¹. This occurs approximately 0.47% of people who use cannabis² but transient psychotic symptoms during intoxication are reported by 50-55% of adults.³ Chronic and heavy use is associated with an increased risk of psychotic disorders, especially in vulnerable individuals⁴. And this condition can be commonly observed in clinics. Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) defines Cannabis-Induced Psychotic Disorder can manifest with hallucinations or delusions triggered by substance use, disorganised thought and behaviour developing during or soon after cannabis intoxication or withdrawal, not better explained by a primary psychotic disorder⁵. The International Classification of Diseases 11th Revision (ICD-11) classifies this condition under “Disorders due to use of cannabis – Cannabis-induced psychotic disorder (6C41.5)”⁶.

Ayurveda explains disturbances of cognition, perception, behaviour, and emotional regulation are described under *Unmada*. Charaka Samhita explains *Unmada* as derangement of *Manas, Budhi, Smriti, Samjna, Bhakti, Sheela, Cheshta, and Achara*⁷. The vitiated *doshas* cause *manovahasrotodushti* in *alpasatwa*, aggravation of *Rajas* and *Tamas* along with vitiation of *manovaha srotas* individual results in *ashta vibrama* leading to *Unmada*⁸. In this condition, substance-induced pathological states resembling intoxication and psychosis they are discussed under *Vishajonmada*.

CLINICAL PRESENTATION WITH HISTORY

A 28-year-old male from Kozhikode presented with complaints of disturbed behaviour, reduced sleep, irritability. 7 days prior to admission, he developed an acute episode characterized by sudden fall associated with frothing from the mouth while at work, following which he was brought for evaluation. The patient reported a history of substance use in the past 14 years, used with cigarettes and alcohol initially, later progressing to habitual cannabis use without the knowledge of family members. Gradually frequency and quantity of cannabis use escalated, associated with behavioural changes such as irritability, anger outbursts, poor frustration tolerance, and absenteeism from school. He continued to exhibit behavioural disturbances including aggression and interpersonal conflicts which had impact in sustaining jobs in his later life due to persistent cannabis use. He also exhibited death wishes during the course of illness. He got admitted in a deaddiction centre and got symptomatic relief but stopped medicines against medical advice which cause an episode of relapse.

Gradually, the patient developed worsening of symptoms including decreased sleep, social withdrawal, self-talk, impulsive behaviour and

tactile hallucination. Episodes of increased irritability, irrelevant speech, and occasional violent tendencies were noted by family members. Over the last 1 year, he had multiple episodes of exacerbation requiring inpatient care at psychiatric centres, where he was diagnosed with cannabis-induced psychosis. Each relapse was associated with continued substance use and poor medication adherence. Evaluation was including EEG and routine investigations was within normal limits. Currently he believes family members around him trying to harm him (Delusion of persecution) & a spy sent by his manager following him (Delusion of reference), suicidal ideation, crawling (Tactile Hallucination) and hearing humming voices (Auditory Hallucination). Due to persistent symptoms and dissatisfaction with previous treatment, the patient was brought to Government Ayurveda Research Institute of Mental Health & Hygiene Hospital, Kottakkal for further management

FAMILY HISTORY

The patient was the 2nd child of non-consanguineous parents. His father was an alcoholic and obtained abstinence from alcohol after deaddiction treatment.

TIMELINE-ADDICTION & TREATMENT HISTORY

Table – 1: Timeline-addiction & treatment history

Time	Addiction History	Treatment History
2011	He initiated using cigarettes, alcohol	Without the knowledge of his family
2013	Started using Cannabis.	-
2014	Reported behavioural disturbances such as anger episodes, throwing books, and poor frustration tolerance.	Attended counselling section
2018	Suicidal ideation started	Chetana Charitable Trust for outpatient management
2019-2020	Cannabis, tobacco products (HANS), cigarettes, and alcohol use.	Consultation at Government Mental Health Centre, Kuthiravattam in 2019-2020
2021-2025	Continued use of Cannabis in small amount Without knowledge of family members and consulting doctor.	Consulted Dr. K. S. Sreelapathy and continued regular outpatient medication
2025	Escalated Cannabis use. Started self-talk, inappropriate laughter, muttering to self,	Discontinued medication

2025	decreased sleep, tactile and auditory hallucination	
2026 January 15	Last use of cannabis	-

AYURVEDA CLINICAL EXAMINATION

Dasa Vidha Pareeksha

The patient has *Vata Pitta prakruthi*, with *avara satwa bala*, *sarvarasa satmya*, and *vishamagni*. *Aharasakthi* and *jarnasakthi* was found to be *Madhyama*, with *Madhyama roga* and *rogi bala*. Main *doshas* involved in him was *vata* and *pitta* and the *dhathu* was *Rasa* and *Raktha*

Clinical Findings: Pulse- 72/min, Heart rate-70 beats/min, BP-110/80 mm Hg, Respiratory rate-16/min

LAB INVESTIGATION:

LFT: Bilirubin: total 0.6mg%, SGOT: 18U/L, SGPT:19U/L, Alkaline phosphatase:155U/L

MENTAL STATUS EXAMINATION

He was neatly dressed, maintained eye contact, was cooperative, and rapport was established. Speech was reduced, with normal pitch and tone. Mood was euthymic congruent to affect. Thought block present with delusional content (reference and persecution). Having tactile and auditory hallucinations. Attention, memory, concentration and abstract thinking were intact. Insight was grade 5 and judgement was intact in both personal and social domains. Occasional impulsivity (suicidal attempts) present.

AYURVEDIC PSYCHIATRIC EXAMINATION

Table 2: Ashta vibhrama

<i>Manovibhrama</i>	Present	Over thinking, Impaired decision making
<i>Budhivibhrama</i>	Present	Poor impulse control, Delusion of reference and persecution
<i>Samjna-jnana vibhrama</i>	Absent	-
<i>Smriti vibhrama</i>	Absent	-
<i>Bhakti vibhrama</i>	Present	Not interested in daily activities, disturbed sleep
<i>Sheela vibhrama</i>	Present	Anger outburst without any reason, irritability
<i>Cheshta vibhrama</i>	Present	Impulsive threatening behaviour
<i>Achara vibhrama</i>	Present	Socially inappropriate conduct Impaired social interaction

DIAGNOSIS

The symptoms of the patient coincide with the diagnostic criteria of cannabis induced psychotic disorder in DSM 5. All the mentioned symptoms are developed during or soon after substance intoxication. Based on Ayurveda psychiatric examination and *dasavidha pareeksha*, the condition was diagnosed as *Vishajonmada*

TREATMENT GIVEN

Internal Medicines:

1. *Drakshadi kashayam*⁹ 90 ml bd bf
2. *Ashwagandharishtam* + *Draksharishtam* -25 ml bd af
3. *Dhatryadi ghritham*¹⁰ -2 tsp bd af
4. *Swetha Sankhupushpi ch* (1.5g) + *Ashwagandha ch* (1.5g) + *Yashtimadhu ch* (1.5g) -4.5g bd af
5. *Manasa Mitra Vatakam*¹¹ 1-0-2 af

Table 3: Treatment Procedures

Treatment	Duration	Medicine	Dose	Rationale	Observations
<i>Thalam</i>	5 days	<i>Ksheerabala tailam</i> + <i>Kachuradi choornam</i>	-	<i>Nidranasha</i>	Sleep improved on 4 th days
<i>Sirodhara</i>	7 days	<i>Usheera kashaya</i> ¹²	-	<i>Pitta samana</i> , <i>srot o shodhana</i>	Anger reduced, Sleep improved
<i>Rookshana</i>	3 days	<i>Gandharvah astadi kashayam</i> ¹³ + <i>Abhayarisham</i> + <i>Shaddharanam tab</i> ¹⁴	15 ml bd 30ml bd 2 bd	<i>Kaphaharam</i> <i>Aama paacanam</i>	Appetite improved

<i>Snehapana m</i>	6 days	<i>Tikthakam</i> + <i>Mahakalyan akam ghritham</i>	(30 ml, 60ml, 120 ml, 160 ml, 200 ml, 250 ml)	<i>Smriti medhaakara m</i> , <i>Agnideepanam</i> , <i>ummadahara</i> Addresses psychotic symptoms, emotional stability	<i>Samyak Snigda lakshana</i> attained at 6 th days presence of <i>Sneha</i> in stool, fatigue, anorexia vomiting
<i>Abhyangam</i> + <i>Usma sweda</i>	3 days	<i>Dhanwantaram taila</i> ¹⁵	-	<i>Dosha vhilayana</i>	For attaining <i>vilayana</i> or <i>draveekarana</i> of <i>dhatu-gata doshas</i> Felt relaxed
<i>Virechana</i>	1 days	<i>Avipathi choornam</i> ¹⁶	25 gm	<i>Koshta shodana purpose</i> , <i>pitta shamana</i> <i>Manodoshahara</i>	Patient comfortable-10 vegas
<i>Yogavasti</i>	5 days	<i>Snehavasti Mahakalyan aka ghritham</i>	75 ml	<i>Agni sthapana</i> <i>Pitta shamana</i>	Anger reduced
	3 days	<i>Kashaya vasti</i> <i>Erandamool adi nirooha</i>	480 ml	<i>Mana prasadakara</i>	<i>Vatika</i> symptoms got reduced, frequency of tactile hallucination got reduced, Sleep improved, irritability reduced.
<i>Marsha Nasya</i>	5 days	<i>Ksheerabala</i> <i>101 Avarthi</i>	1ml	<i>Indriya prasadanam</i>	Mingling with others improved

RESULT

The assessment was done by Brief Psychiatric Rating Scale (BPRS), which reduction of score from 66 to 36 after treatment. At time of discharge, frequency of his auditory and tactile hallucinations reduced considerably and his irritable nature and aggressiveness got reduced and began to mingle with others.

DISCUSSION

Discussion on disease:

Cannabis is a widely used psychoactive substance known to precipitate psychotic symptoms such as hallucinations, disorganized behaviour, and impaired social functioning. These effects are largely attributed to disturbances in neurotransmitter systems, particularly dopaminergic pathways. From an Ayurveda perspective, such manifestations can be understood as derangement of *vata* affecting higher mental functions. In Ayurveda, this condition can be correlated with *Vishajonmada*, where exposure to exogenous toxic factors leads to vitiation of *doshas* and disturbance of *manovaha srotas*. Cannabis, due to its *madakari* and *tamasika* properties, contributes to mental imbalance, predominantly involving *vata* and *pitta*, resulting in altered perception, irritability, and behavioural abnormalities. In the present case, he exhibits *hatabalendriya*, *syavaamana*, *nashtachaya*, *parasu*, *vegandare sambrandi* - *Vishajonmada* features along with *vata* predominant features like *ajasramadanam*, *aasyathphenagama*, *krodhana*, *satatamaniya*, *girimutsarga*, *parushavaak*, *sphurithaanga sandi* and also *pitta* features like *asthana krodha*, *Svesham paresham abhidravana*, *anala jwalanopasankha* thus the diagnosis is *Vishajonmada* with *Vata-Pitta* predominance.

Discussion on treatment:

Specific treatment protocol is not described in classical texts, management was based on principles of *dosha shamana*, *vishaghna*, and *mana prasadana*. Initial management with *thalam* and *sirodhara* helped reduce insomnia, irritability, and emotional instability by promoting relaxation and *pitta shamana*. *Rookshana* therapy improved *agni* and appetite, preparing the patient for *snehapana*.

Administration of *Mahakalyanakam Ghṛitham* and *Tikthakam Ghṛitham* provided *medhya*, *ummada-hara*, and *vishaghna* effects, contributing to stabilization of mental functions. Subsequent *abhyanga* and *sweda* facilitated *dosha vilayana*. *Virechana* with *Avipathi Choornam* achieved effective *pitta shamana*, reducing irritability and aggression. *Yoga Vasti* was the main intervention for *vata* correction, combining *sneha* and *kashaya vasti*. It produced marked improvement in hallucinations, sleep, and behavioural control. *Nasya* with *Ksheerabala Taila* (101 *avarthi*) further enhanced cognitive function and mental clarity through its *vata-pitta shamaka* and *rasayana* effects. Supportive internal medications, including *Drakshadi Kashaya*, *Ashwagandharishtam*, *Draksharishtham*, and *Dhatryadi Ghṛitham*, helped maintain mental stability and improve strength. *Medhya* drugs such as *Sankhupushpi*, *Ashwagandha*, and *Yasthimadhu*, along with *Manasa Mitra Vatakam*, contributed to reduction in anxiety, hallucinations, and emotional disturbances. They act as neuroprotective and adaptogenic properties, which may contribute to modulation of neurotransmitter system.

This case suggests that a combined Ayurvedic approach involving *sodhana*, *shamana*, and *medhya* therapies can effectively manage cannabis-induced psychosis by correcting *doshic* imbalance and improving *manovaha srotas* function.

CONCLUSION

This case indicates that cannabis-related psychotic manifestations can be interpreted in Ayurveda within the framework of *Vishajonmada* with predominance of *vata* and *pitta*. The role of external toxic exposure contributes to *doshic* imbalance and impairment of *manovaha srotas*, leading to altered mental and behavioural functions. The integrative therapeutic approach, incorporating, *sodhana* procedures such as *Virechana* and *Yoga Vasti* with *shamana* and *medhya rasayana* therapies, resulted in noticeable clinical improvement. This was reflected by reduction in Brief Psychiatric Rating Scale score (66 to 36) along with better sleep, reduced impulsive behaviour, and social interaction. The outcome suggests that such an Ayurveda approach is beneficial in managing substance-induced psychiatric conditions. Further systematic clinical evaluations are required to confirm these observations and support wider application.

REFERENCES

1. Murray RM, Englund A, Abi-Dargham A, Lewis DA, Di Forti M, Davies C, et al. Cannabis-associated psychosis: neural substrate and clinical impact. *Lancet Psychiatry*. 2017;4(9):758–68.
2. Patel R, Wilson R, Jackson R, et al. Association of cannabis use with hospital admission and psychotic disorders. *JAMA Psychiatry*. 2020;77(12):1218–1225
3. D'Souza DC, Sewell RA, Ranganathan M. Cannabis and psychosis/schizophrenia: human studies. *Eur Arch Psychiatry Clin Neurosci*. 2009;259(7):413–431.
4. Di Forti M, Marconi A, Carra E, Fraietta S, Trotta A, Bonomo M, et al. Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study. *Lancet Psychiatry*. 2015;2(3):233–8.
5. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed, text rev. Washington (DC): American Psychiatric Association Publishing; 2022.
6. World Health Organization. International classification of diseases for mortality and morbidity statistics (11th Revision). Geneva: World Health Organization; 2019.
7. Vaidya Jadvaji Trikamji Acharya, Caraka Samhita, Ayurvedadipika Commentary of Cakrapanidatta, Nidana sthana, Ch -7, Sloka-3-4 Pg:223, Choukhamba Krishnadas Academy, Varanasi, reprint-2015
8. Ibidem. Pp:738, Pg:468, Chikitsasthana, Ch-9, Sloka-3-4
9. Indradeva Tripathi. Arkaprakasa of Lankadhipati Ravana [Hindi tikka and notes] Choukhamba Krishnadas academy, Varanasi. 2011; p38
10. Shastri AD. Bhaishajya Ratnavali. Varanasi: Choukhamba Sanskrit Bhavan; 2014
11. Sreeman Nampoothiri DV. Sahasrayogam. Alappuzha: Vidyarambham Publishers; 2013.
12. Dhanya K, Jithesh M. Ayurvedic Management of Alcohol Use Disorder – A Case Series. *AYUSHDHARA*. 2023;10(6):165-172.
13. Priyavrat Sharma, *Susruta Samhita Chikitsasthana*, Volume-III; 4/3-4., 36th series, Choukhamba Orientalia Varanasi: 2007.
14. Krishnan KV, Gopalapillai S. Sahasrayogam, (with Malayalam commentary) 33rd edition, P-82, Vidyarambham Press; Alappuzha.
15. K.R. Srikantha Murthy, *Ashtangahridaya* of Vagbhata, Sareerasthana; Garbhavyapadasareera: Chapter 2, Verse 47-52 (4th ed.), p. 387-388, Choukhamba Krishnadas Academy, Varanasi, 2012.
16. Subhaarati Prakashan, Editor, *Vagbhata, Ashtanga Hridaya*, Arunadatta, Hemadri, edn 1, Choukhamba Varanasi, 2007, Kalpa Sthana 2/21-23, p. 743.a