



## \* Corresponding Author

Dr. Prashant Basnet

E-mail:

pacificbasnet18@gmail.com

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# Management of a Childhood Onset Psychosis through Ayurveda: A case study

Dr. Prashant Basnet<sup>1\*</sup> Dr. Arjun Raj Sharma<sup>\*2</sup><sup>1</sup>Assistant Professor, Manasa Roga, Central Ayurveda Campus, NSU, Dang.<sup>2</sup>Consultant Ayurveda Pediatrician, Provincial Ayurveda Hospital, Dang.

## Abstract

*Vataja Unmada* is a type of *Unmada* which can be correlated to Psychosis based on sign and symptoms of both conditions. Childhood psychosis is an extremely rare condition. In this case report, we present a case of 12 yr old male child with symptoms suggestive of psychosis and later responded well to the Ayurvedic management with *Brahmi Ghrita* and *Saraswatharishta*. This study is an effort to reveal the diagnosis of *Vataja Unmada*, in this case a very early onset childhood psychosis, which is challenging and yet important for the specific management of condition so as to prevent the long-term disability.

**Keywords:** *Vataja Unmada*, Childhood Psychosis, *Brahmi Ghrita*

## INTRODUCTION

Ancient Ayurveda text Charaka Samhita, classifies *Unmada* into five subtypes, among which *Vataja Unmada* (VU) is caused due to vitiation of *Vata* humor. VU is classified under *Doshaja Unmada* (psychiatric disorder which occurs due to the aggravation of pathophysiological entities).<sup>1</sup> *Vata* is a physiological entity which regulates the functions of nervous and musculoskeletal system. *Vata dosha* controls and stimulates the mind, and it

is responsible for enthusiasm or motivation. *Vata*, which restrains and impels different mental activities, is responsible for the functional aspects of the mind.<sup>2</sup> According to *Charaka Samhita* various etiological factors such as excessive intake of foods which are *Ruksha* (fat-free diet), *Alpa* (low portion size or serving size of food/ low calorie diet), *Sheeta* (cold food) in nature, improper or excessive use of procedures such as therapeutic emesis and purgation, depletion of

body tissues, excessive fasting, etc., cause an accumulation and aggravation of *Vata Dosha*. The aggravated *Vata* spreads and afflicts the *Hridaya* (heart) of a person who has excessive psychological stress and produces *Unmada* by deranging *Buddhi* (cognitive functions or higher mental functions), and *Smriti* (memory). Aggravated *Doshas* spreads upwards and occupies the channels of the upper parts of the body (head or heart) and produce *Unmada*.<sup>3</sup> The signs and symptoms of VU according to *Charaka Samhita* are *Parisaranam Ajasram* (roaming purposelessly), *Anga Vikshepanam Akasmat* (abnormal involuntary movements), *Satatam Aniyata Giraamutsarga* (abnormal or incoherent speech/pressure of speech), *Phenaagamana Asya* (drooling of saliva), *Abheekshnam Asthaane Smita, Hasita, Nritya, Geeta and Vadita* (inappropriate behaviours like untimely and out of context smiling, laughing, dancing, singing and playing musical instruments), *Shabdanukarana* (echolalia), *Yanamayanai* (using inappropriate things as a vehicle for transport), *Alankaranam Analankarikai Dravyai* (abnormal dressing or makeup), *Lobhashcha Alabdhesu and Labdhesu Apamana* (greediness toward unavailable things and dishonouring available ones), *Karshyam* (emaciation), *Parushyam* (roughness), *Utpindita Aruna Akshata* (swelled and reddish eyes), *Matsaryam* (excessive envy or sad look), *Rodana* (crying), and *Jirne Balam* (aggravation after digestion).<sup>4,5</sup> On the basis of similarity in sign and symptoms of VU and psychotic disorders, they can be correlated.<sup>6</sup> Psychosis is rare in children with a prevalence of 0.2 to 0.4/10,000.<sup>7</sup> Childhood psychosis can present with wide array of symptoms comprising of positive symptoms, negative symptoms, cognitive and affective symptoms and it's challenging to differentiate the psychopathology of childhood onset psychosis with disorders such as autism,

mood disorders.<sup>8</sup> Childhood schizophrenia is characterized by withdrawal, negativism, and strange and unexpected behaviour and delusions are rare.<sup>9</sup> The psychosis occurring before 13 years of age has been considered to be of very early onset and that between 13 and 17 years to be of adolescent onset.<sup>10</sup> Clinical manifestation of psychosis is a result of interaction between environmental demands and characteristics of the individual and prevalence of positive symptoms ascends with the increasing age.<sup>11</sup> For the management of VU; *Snehapana* (intake of medicated ghee or oils), *Mridu shodhana* (mild cleansing procedures), *Niruha* and/or *Sneha Vasti* (decoction or oil enemas), *Shiro Virechana* (nasal administration of medications), *Dhuma* (fumigations), *Abhyanga* (massage with oils), *Utsadana* (powder massage), and *Sarpi Pana* (intake of ghee) procedures are mentioned. Medicated ghee formulations like *Kalyanaka Ghrita, Maha Kalyanaka Ghrita, Maha Paishachika Ghrita, Lashunadi Ghrita, Hingvadi Ghrita and Brahmi Ghrita* etc., also can be used to manage VU.<sup>12,13,14</sup>

### Case Report

A male patient of age 12 years male born out of non-consanguineous marriage, with unremarkable birth history and normal developmental milestones presented with insidious onset of illness of one year duration and aggravated since 1 week after he had gone to boating in a lake, with history of fearful behaviour, seeing ghosts, sleeplessness, crying, associability, headache, body ache and displeasure, which are comparable to the symptoms of VU like '*Satata and Aniyata giraamutsarga*', '*Abheekshnam Asthaane Smita, Hasita, Nritya, Geeta and Vadita*', '*Rodana*' and '*Matsarya*'. His academic activities declined and unlike before most of the time he started to engage in solitary

activities at home. The self-care activities also declined. He often feared staying alone and got fearful specially at bedtime and night and cling with his father and then used to cry talking about the ghost that was present to him at that moment. Family history was not significant. There was no history of fever, no history of seizure, no history of trauma, no history of repetitive behaviour. On initial *Manah Pariksha* (mental state examination), notable findings were perplexed and anxious mood (*Manovibhrama*), poor eye contact (*Buddhi vibhrama*), visual hallucinations of ghosts especially at night (*Sanjnajnana Vibhrama*), low tone and paucity of speech (*Chesta Vibhrama*). He was diagnosed of *Vataja Unmada* and other non-organic psychotic disorder (F28) as per ICD-10.

### Treatment

Patient was treated on OPD basis with internal medicines and *Sattvavajaya Chikitsa* (Ayurveda Psychotherapy) in the form of *Harshana* (making happy), *Vismapana* (pleasant surprise) etc. and other methods like activity scheduling, Family Therapy and psychoeducation. The following oral medicines were administered:

- *Ashvagandha Churna*<sup>15</sup> 1.5 grams two times a day before food with milk for 15 days,
- *Brahmi Ghrita*<sup>16</sup> 5 ml twice a day before food for 15 days,
- *Sarasvatarishta*<sup>17</sup> 10 ml twice after food with equal amount of water for 15 days.

Patient was called for follow up on every week till one month for psychotherapy and assessment.

### RESULTS

Patient responded well to the treatment. He adhered to all the medicines prescribed.

On the first follow up itself significant improvement in the condition was reported. He had started to go to school, sleep alone, didn't see ghosts after few days of initiation of treatment. He also had no body ache and headache. Internal medicines were continued throughout the next one month of discharge. Till the last follow up, i.e., 1 month of the commencement of the treatment, there was no relapsing of the condition.

### DISCUSSION

Presenting symptoms of the patients like '*Satata and Aniyata Giraamutsarga*', '*Abheekshnam Asthaane Smita, Hasita, Nritya, Geeta and Vadita*', '*Rodana*', '*Matsarya*' were indicative of the *Vataja Unmada*.<sup>4,5</sup> Above sign and symptoms of VU can be compared with the hallucinations, psychomotor agitation, inappropriate or irrelevant behaviors, decline of cognitive functions and memory, extreme displeasure etc. presenting in psychotic disorders.<sup>6</sup> So, he was diagnosed as *Vataja Unmada*. A child's initial psychotic episode's diagnostic stability varies greatly, therefore it's important to track its progression over time.<sup>18</sup> According to ICD-10, this case was classified as F28 as the criteria for schizophrenia were not satisfied and there was no history of social adjustment issues or autistic traits before the illness started. Numerous neurological connections between schizophrenia and autism, particularly at the hereditary level, have been discovered, and the complex interaction between the two disorders has been characterized by an almost total overlap between childhood schizophrenia and autism disorder.<sup>19</sup> Since the child does have an imaginative world at this age, diagnosing juvenile onset psychosis is difficult because it requires deciding to link the presenting symptoms to a pathological process. Making these distinctions requires contextual

information, with particular focus on academic difficulties, higher premorbid competence, and the maintenance of social interactions.<sup>20</sup>

Patient well responded to the Shamana (pacifying) *Snehapana* and other internal medications. *Brahmi Ghrita* has the *Medhya* (nootropic) properties and pacifies the mind afflicted by vitiated *Vata*. This *Ghrita* mainly acts as *Vata-Pittahara* (~reduces *Vata* and *Pitta Dosha*) and also as *Srotoshodhaka* (~cleanses microchannels). The antioxidant property of most of the drugs helps to reduce the symptoms of psychiatric disease.<sup>21</sup> *Ghrita* is also *Ojovardhaka* (~enhances vital energy), which plays a major role in alleviating psychiatric disorders. The lipophilic nature of the blood–brain barrier is also a reason for selecting *Ghrita* in this case.<sup>22</sup> *Ashvagandha* is shown to decrease anxiety and cortisol levels, maintain sleep and mood by several studies.<sup>23</sup> *Sarasvatarishta* is found to be efficacious in inducing sleep, enhancing memory, learning and reverses neuronal injury.<sup>24</sup> *Harshana* also makes one confident to tackle the situations instead of running away. It also decreases the ruminating thoughts about the anxiety inducing thoughts.<sup>25</sup> Patient returned to near normalcy after this treatment. The case study's clinical problems emphasize how critical it is to diagnose and treat very early-onset psychosis.

## CONCLUSION

The classical diagnoses of the *Manasika Vyadhi* mentioned in *Ayurveda Samhitas* and its correlative understanding helps to broaden the knowledge pool about a subject but we should be equally careful not to miss the *Ayurveda* line of treatment. *Vataja Unmada* (~psychosis) in a child is a very rare diagnosis. It's of utmost importance to identify it early and treat for the prevention of long-term disability. To address the many unanswered

problems regarding psychotic/schizophrenic episodes in children, prospective follow-up studies are required.

## REFERENCES

1. Acharya JT. Agnivesha, Elaborated by Charaka and Dridhabala, Commentary by Chakrapani In: Charaka Samhita, Nidana Sthana, Unmada Nidanam Adhyaya, Verse 3. 2014 Varanasi: Chaukhamba Surbharati Prakashan:223
2. Sharma RK, D Bhagwan, Elaborated by Charaka and Dridhabala, Commentary by Chakrapani In: Charaka Samhita, Sutra Sthana, Vatakalakaliya Adhyaya, Verse 8. 2004 Varanasi: Chowkhamba Sanskrit Series Office:237
3. Acharya JT. Agnivesha, Elaborated by Charaka and Dridhabala, Commentary by Chakrapani In:Charaka Samhita, Chikitsa Sthana, Unmada Chikitsitam Adhyaya, Verse 8-10. 2014 Varanasi: Chaukhamba Surbharati Prakashan:468
4. Acharya JT. Agnivesha, Elaborated by Charaka and Dridhabala, Commentary by Chakrapani In: Charaka Samhita, Nidana Sthana, Unmada Nidanam Adhyaya, Verse 7 (1). 2014 Varanasi: Chaukhamba Surbharati Prakashan:223
5. Acharya JT, Acharya NR, Elaborated by Sushruta, Commentary by Dalhana In: Sushruta Samhita, Uttara tantra, Unmada Pratishedha Adhyaya, Verse 8. 2018 Varanasi: Chaukhamba Orientalia:803
6. Gupta K, Mamidi P. *Vataja Unmada Schizophrenia or Dementia or Mood Disorder with Psychosis? International Journal of Yoga - Philosophy, Psychology and Parapsychology* 8(2):p 75-86, Jul–Dec

2020.  
DOI: 10.4103/ijny.ijoyppp\_24\_19
7. American Academy of Child and Adolescent Psychiatry. Practice parameters for the assessment and treatment of schizophrenia. J children and adolescents with Am Acad Child Adolesc Psychiatry. 1997;36 :177S–193S.
  8. National Institute for Health and Clinical Excellence: Guidance. Psychosis and schizophrenia in children and young people: Recognition and management. Leicester: British Psychological Society; 2013
  9. Homburger, A. Vorlesungen uber Psychopathologie des Kindesalters. Berlin, Germany: Springer- Verlag, 1926
  10. Masi G, Mucci M, Pari C. Children with schizophrenia: Clinical picture and pharmacological treatment. CNS Drugs 2006;20:841-66.
  11. Kao YC, Liu YP. Effects of age of onset on clinical characteristics in schizophrenia spectrum disorders. BMC Psychiatry 2010;10:63.
  12. Acharya JT. Agnivesha, Elaborated by Charaka and Dridhabala, Commentary by Chakrapani In:Charaka Samhita, Chikitsa Sthana, Unmada Chikitsitam Adhyaya, Verse 24-32. 2014 Varanasi: Chaukhamba Surbharati Prakashan:470
  13. Acharya JT, Acharya NR, Elaborated by Sushruta, Commentary by Dalhana In: Sushruta Samhita, Uttara tantra, Unmada Pratishedha Adhyaya, Verse 14-15. 2018 Varanasi Chaukhamba Orientalia:804
  14. Acharya JT. Agnivesha, Elaborated by Charaka and Dridhabala, Commentary by Chakrapani In: Charaka Samhita, Chikitsa Sthana, Apasmara Chikitsitam Adhyaya, Verse 25. 2014 Varanasi: Chaukhamba Surbharati Prakashan:478
  15. Anonymous, The Ayurvedic Formulary of India, Part 1, Ed. 2nd, Govt. of India, Ministry of Health and Family Welfare, Department of I.S.M. & H., New Delhi, 2003:108.
  16. Anonymous, The Ayurvedic Formulary of India, Part 1, Ed. 2nd, Govt. of India, Ministry of Health and Family Welfare, Department of I.S.M. & H., New Delhi, 2003, pg. 94.
  17. Anonymous, The Ayurvedic Formulary of India, Part 1, Ed. 2nd, Govt. of India, Ministry of Health and Family Welfare, Department of I.S.M. & H., New Delhi, 2003, pg. 99.
  18. Russel AT. The clinical presentation of childhood-onset schizophrenia. Schizophr Bull 1994; 20:631-646
  19. Lacy ND, King BH. Revisiting the relationship between autism and schizophrenia: toward an integrated neurobiology. Annu Rev Clin Psychol. 2013;9:555-87. doi: 10.1146/annurev-clinpsy-050212 185627
  20. Abidi S: Psychosis in children and youth: focus on early-onset schizophrenia. Pediatr 34(7):296–305
  21. Singh Y, Ansari A, Singh V, Parhate S, Prasad SR, Rakesh ST. Therapeutic potential of Kalyanaka Ghrita (*polyherbal-medicated Ghrita*) in purview of Alzheimer’s disease: A literary review. Journal of Drug Research in Ayurvedic

- Sciences 2023;8: 201–12.
22. Banks WA. Characteristics of compounds that cross the blood-brain barrier. *BMC Neurol* 2009;9 Suppl 1:S3.
23. Mikulska P, Malinowska M, Ignacyk M, Szustowski P, Nowak J, Pesta K, Szelaż M, Szklanny D, Judasz E, Kaczmarek G, Ejiohuo OP, Paczkowska-Walendowska M, Gościński A, Cielecka-Piontek J. Ashwagandha (*Withania somnifera*)- Current Research on the Health-Promoting Activities: A Narrative Review. *Pharmaceutics*. 2023 Mar 24;15(4):1057. doi: 10.3390/pharmaceutics15041057. PMID: 37111543; PMCID: PMC10147008. Availa
24. Jethalia V, Hasyagar SV, Bhamidipati K, Chatterjee J. Analysing the role of Saraswatarishta in the treatment of neurological disorders based on network pharmacology. *Neuroscience Research Notes* [Internet]. [cited 2025 Jun 12]; Available from: <https://neuroscirn.org/2021v3i5no106/>
25. Mahakud GC, Yadav R. Effects of Happiness on Mental Health. *The International Journal of Psychology*. 2015 Jun;2(3):106–14

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