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Review Article

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"PRAJNAPARADHA AS A BEHAVIOURAL DETERMINANT OF DISEASE: A REVIEW IN THE LIGHT OF LIFESTYLE PSYCHIATRY"

Tushar Tapadiya[1]

AFFILIATIONS:
1. Research Assistant, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

CORRESPONDENCE:
Tushar Tapadiya
EMAIL ID:
tushartapadiya11@gmail.com

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ABSTRACT:

Background: Charaka identifies Prajnaparadha, the "offence against wisdom", as one of the three root causes of all disease. It is defined as the impairment of intellect (Dhi), restraint (Dhriti) and memory (Smriti), leading a person to act in ways they know to be harmful. Lifestyle psychiatry has recently shown that modifiable behaviours, including physical activity, diet, sleep and smoking, influence the onset and course of mental disorders. **Objective:** To describe the classical concept of Prajnaparadha, map it to modern psychological constructs of decision-making and self-regulation, and examine its relevance to the prevention and management of mental and lifestyle disorders. **Methods:** Narrative review of Charaka Samhita and selected modern literature on behavioural risk factors, lifestyle psychiatry, habit formation and health behaviour change. **Results:** Prajnaparadha includes errors of the intellect, failure of restraint and loss of memory, expressed through improper actions of body, speech and mind. These map closely onto modern concepts of impaired judgement, poor self-control and forgetting of learned consequences. Behavioural risk factors account for a large share of global disease burden, and meta-reviews show that physical activity, diet quality, sleep and smoking cessation affect mental health outcomes. Classical remedies, including Sadvritta, Achara Rasayana, Dinacharya and Sattvavajaya, correspond to modern strategies of habit change, self-monitoring and psychological therapy. **Conclusion:** Prajnaparadha provides a coherent Ayurvedic model of behaviour-driven disease that is compatible with lifestyle psychiatry. It can inform the design of preventive and therapeutic programmes, provided its components are operationalised and tested.

Keywords: Prajnaparadha; Dhi Dhriti Smriti; lifestyle psychiatry; health behaviour; Sadvritta; Sattvavajaya

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INTRODUCTION:

Ayurveda gives a simple but far-reaching account of the causes of disease. Charaka names three: improper contact of the senses with their objects (Asatmya Indriyartha Samyoga), Prajnaparadha, and the effects of time and season (Parinama or Kala)[1]. Of these, Prajnaparadha is the most distinctly psychological. It places the origin of much disease in a person's own decisions and actions.

Modern medicine has reached a similar conclusion through epidemiology. The Global Burden of Disease study estimates that behavioural risks such as tobacco use, poor diet, alcohol use and low physical activity are among the leading contributors to death and disability worldwide[2]. In mental health, lifestyle psychiatry has emerged as a field that studies how these behaviours influence the risk and course of psychiatric disorders and how changing them can help treatment[3].

This review asks how far Prajnaparadha can serve as a conceptual bridge between Ayurveda and lifestyle psychiatry. It first sets out the classical concept, then maps its components to modern psychological constructs, then summarises evidence on behaviour and mental health, and finally discusses the classical and modern approaches to correcting harmful behaviour.

METHODS:

The Charaka Samhita was the primary classical source, with reference to the commentary of Chakrapani[1]. Modern literature was identified through PubMed and Google Scholar using the terms lifestyle psychiatry, health behaviour, behavioural risk factors, habit, self-control, intention–behaviour gap, exercise and depression, diet and depression, and sleep and mental health. Priority was given to meta-reviews, meta-analyses and randomised trials. This is a narrative review.

The classical concept of Prajnaparadha:

Definition

Charaka defines Prajnaparadha as the state in which a person's intellect (Dhi), restraint (Dhriti) and memory (Smriti) are deranged, so that they perform inauspicious actions (Ashubha Karma)[1]. The term combines Prajna (wisdom or discernment) and Aparadha (offence or transgression). It describes knowingly or carelessly acting against what one's own understanding should forbid.

The three components

Charaka explains each component.

Dhi Vibhramsha (impairment of intellect): perceiving the wholesome as unwholesome and the unwholesome as wholesome. The person misjudges what is good for them.

Dhriti Vibhramsha (impairment of restraint): the mind, attracted to sense objects, cannot be held back from what is harmful, even when the person knows it is harmful.

Smriti Vibhramsha (impairment of memory): when the mind is overcome by Rajas and Tamas, the person forgets the true nature of things and the lessons of past experience.

Each of these, alone or together, leads to wrong action.

Expressions of Prajnaparadha

Charaka describes improper actions of body (Kaya), speech (Vak) and mind (Manas) arising from Prajnaparadha[1]. Examples given include suppressing natural urges (Vegadharana) or forcing them, indulging in excess, keeping bad company, ignoring the rules of diet and season, engaging in violence, speaking harshly or falsely, and allowing grief, fear, anger, greed and envy to dominate. Charaka also lists failure to follow the code of good conduct (Sadvritta) and the regimen of day and season (Dinacharya and Ritucharya) as forms of Prajnaparadha.

Prajnaparadha and the Manasika Doshas

Charaka explains that the forgetting of true knowledge happens when the mind is clouded by Rajas and Tamas[1]. Prajnaparadha is therefore both a cause and a consequence of mental imbalance. A mind dominated by Rajas acts impulsively; a mind dominated by Tamas acts carelessly or not at all. Both lead to harmful choices, which in turn aggravate the Doshas and produce disease. This circular model resembles modern descriptions of how mental disorders and unhealthy behaviours reinforce each other.

Prajnaparadha in mental disorders

In the description of Unmada (psychosis), Charaka mentions disrespect of gods, teachers and elders, and improper conduct as precipitating factors[1]. In general, mental disorders are attributed to the vitiation of Rajas and Tamas, which is closely linked to Prajnaparadha. Thus, the concept applies both to bodily lifestyle diseases and to psychological disorders.

Mapping Prajnaparadha to modern psychology

Table 1: The three components of Prajnaparadha correspond to well-studied processes in modern psychology.

Classical component	Description	Closest modern construct
Dhi Vibhramsha	Misjudging wholesome as unwholesome	Impaired judgement, biased risk perception, poor health literacy
Dhriti Vibhramsha	Inability to restrain the mind from harmful objects despite knowledge	Low self-control, impulsivity, intention–behaviour gap
Smriti Vibhramsha	Forgetting the true nature of things and past experience	Failure to retrieve learned consequences; automatic habitual behaviour

Judgement and knowledge

Dhi Vibhramsha resembles the modern recognition that people often misjudge health risks, for example underestimating the harms of tobacco or overestimating the benefits of comfort foods. Health education addresses this component, but knowledge alone rarely changes behaviour.

Restraint and the intention–behaviour gap

Dhriti Vibhramsha closely matches the "intention–behaviour gap": the finding that people's intentions to act healthily predict only a modest portion of their actual behaviour. A widely cited review of this literature concluded that intentions often fail to translate into action, particularly when behaviours must be repeated over time[4]. Charaka's description, that the mind is drawn to sense objects even when the harm is known, is a precise description of this gap.

The importance of restraint for long-term health is also supported by cohort data. In a birth cohort of 1,000 children followed to age 32, lower childhood self-control predicted poorer physical health, substance dependence, financial problems and criminal convictions in adulthood, in a graded manner, even after accounting for intelligence and social class [5]. This is close to the classical claim that weakness of Dhriti is a root of disease.

Memory and habit

Smriti Vibhramsha can be read in two ways. In a narrow sense, it is forgetting learned consequences. In a broader sense, it describes behaviour that has become automatic and no longer passes through conscious deliberation. Modern research on habit shows that much everyday behaviour is triggered by context cues rather than by current goals, and that habits persist even when intentions change[6]. This supports the classical view that wrong action can continue without active choice, through failure of recollection.

Stages of change

Charaka's model implies that correcting Prajnaparadha requires restoring knowledge, strengthening restraint and re-establishing recollection. Modern behaviour change theory describes a parallel progression. The transtheoretical model, for example, describes people moving through stages of precontemplation, contemplation, preparation, action and maintenance[7]. Different interventions are suited to each stage, which echoes the classical idea that different components of Prajnaparadha need different remedies.

Behaviour and mental health: modern evidence

Behavioural risk factors and disease burden

The Global Burden of Disease 2019 analysis of 87 risk factors in 204 countries confirmed that behavioural risks, including smoking, dietary risks, alcohol use and low physical activity, are among the leading causes of attributable death and disability[2]. These are almost exactly the categories of improper action that **Charaka attributes to Prajnaparadha.**

Lifestyle psychiatry

Firth and colleagues reviewed the top tier of evidence on lifestyle factors in mental illness[3]. They found that physical activity has strong evidence for preventing and treating depression, that poor sleep is a risk factor for several mental disorders, that smoking is associated with worse mental health and that cessation is linked to improved mood, and that dietary quality is associated with depression risk, though evidence for diet as a treatment is less mature.

Two of these behaviours deserve emphasis because Charaka also names them. Sleep disturbance is a recognised risk factor: a meta-analysis of longitudinal studies found that people with insomnia had about twice the risk of developing depression compared with those without sleep problems[8]. Smoking, though not described in classical texts in its modern form, is a clear example of continued harmful action despite knowledge; a meta-analysis found that stopping smoking was associated with reductions in depression, anxiety and stress compared with continuing to smoke, with effect sizes similar to those of antidepressant treatment[9].

Exercise

A meta-analysis that adjusted for publication bias found that exercise has a large and significant antidepressant effect in people with depression[10]. This aligns with the Ayurvedic recommendation of appropriate daily exercise (Vyayama) as part of Dinacharya, while Charaka also warns against excessive exercise.

Diet

The SMILES trial was the first randomised controlled trial to test dietary improvement as a treatment for major depression. Adults receiving dietary support towards a modified Mediterranean diet showed significantly greater improvement in depressive symptoms over 12 weeks than those receiving social support alone[11]. This supports the Ayurvedic view that diet (Ahara) is a key target in mental as well as physical health.

Summary

Modern evidence supports the core claim of Prajnaparadha: that sustained patterns of harmful action are major determinants of disease, including mental disorders, and that correcting them improves outcomes.

Ayurveda offers several layers of correction.

Knowledge and right understanding

Charaka places great emphasis on the cultivation of knowledge (Jnana) and discriminative understanding (Vijnana) as the basis of right action[1]. This is the first part of Sattvavajaya Chikitsa. Its modern parallel is health education and psychoeducation, which address the judgement component (Dhi).

Sadvritta and Achara Rasayana

Sadvritta is a detailed code of personal, social and ethical conduct. Achara Rasayana describes behaviours such as truthfulness, non-violence, self-control, cleanliness and respect for elders as having rejuvenative effects[1]. These codes act as pre-committed rules, reducing the need for moment-to-moment decision-making. Modern self-regulation research suggests that firm rules and implementation intentions ("if situation X arises, I will do Y") help close the intention–behaviour gap[4]. A meta-analysis of 94 independent tests found that forming implementation intentions had a medium-to-large positive effect on goal attainment[12].

Dinacharya and Ritucharya

Daily and seasonal regimens provide a structure that, once established, becomes habitual. This is consistent with modern findings that stable contexts and repeated routines are the most reliable basis for lasting habits[6]. In effect, Dinacharya turns healthy behaviour into habit, reducing reliance on willpower.

Sattvavajaya and strengthening of Dhriti

Sattvavajaya includes training in courage (Dhairya), memory (Smriti) and concentration (Samadhi), along with withdrawal of the mind from harmful objects[1]. These components correspond to modern psychological techniques such as motivational interviewing, cognitive restructuring, relapse prevention and mindfulness training[13]. Each targets a part of the Prajnaparadha process. The evidence base for these modern techniques is substantial: reviews of meta-analyses support the efficacy of cognitive behavioural therapy across anxiety and depressive disorders[14], and a comprehensive meta-analysis found that mindfulness-based therapy produced moderate effects on anxiety and depression[15].

Correction of Rajas and Tamas

Because Prajnaparadha arises when the mind is overcome by Rajas and Tamas, measures that promote Sattva (Sattvika diet, meditation, good company, study) are also corrective. This links Prajnaparadha with the broader Triguna model of mental health.

Table 2: Summary of parallels

Classical remedy	Component targeted	Modern parallel	Classical remedy
Jnana, Vijnana	Dhi	Health education, psychoeducation	Jnana, Vijnana
Sadvritta, Achara Rasayana	Dhriti	Personal rules, implementation intentions	Sadvritta, Achara Rasayana
Dinacharya, Ritucharya	Smriti, Dhriti	Habit formation through stable routines	Dinacharya, Ritucharya
Sattvavajaya (Dhairya, Smriti, Samadhi)	All three	Motivational interviewing, CBT, mindfulness	Sattvavajaya (Dhairya, Smriti, Samadhi)
Sattva-promoting diet and practice	Rajas and Tamas	Lifestyle interventions for mood regulation	Sattva-promoting diet and practice

DISCUSSION:

Prajnaparadha offers Ayurveda a strong conceptual basis for engagement with lifestyle medicine and lifestyle psychiatry. It recognises that people often act against their own knowledge, specifies three distinct ways in which this happens, and links these failures to the mind's qualities. It also provides a structured set of remedies that operate at the levels of knowledge, conduct, routine and psychological training.

Several limitations must be acknowledged. Prajnaparadha has a moral dimension in classical texts, which can be misread as blaming patients for their illness. Modern evidence shows that behaviour is strongly shaped by social, economic and environmental factors, including food availability, work patterns and poverty. Any modern use of the concept should therefore present it as a description of a process rather than a judgement of character, and should consider the environment in which choices are made.

Second, Prajnaparadha has not been operationalised. There is no validated instrument that measures Dhi, Dhriti and Smriti as separate constructs, and no trial has tested whether interventions targeted at specific components produce better outcomes than generic lifestyle advice. Developing such an instrument, perhaps by adapting existing measures of health literacy, self-control and habit strength, would allow the concept to be tested.

Third, classical remedies such as Sadvritta and Achara Rasayana are broad and include ethical and religious elements. For research purposes, they need to be translated into specific, measurable behaviours.

Future research should include: development of a Prajnaparadha assessment scale; observational studies relating its components to lifestyle behaviours and mental health outcomes; and trials comparing a structured Ayurvedic behaviour-change programme (based on Dinacharya, Sadvritta and Sattvavajaya) with standard lifestyle counselling in people with depression, anxiety or metabolic disorders.

CONCLUSION:

Prajnaparadha describes how failures of judgement, restraint and recollection lead people into harmful actions that cause disease. This account fits closely with modern findings on behavioural risk factors, the intention–behaviour gap and the role of habit, and with the growing evidence that lifestyle change improves mental health. Classical remedies offer a structured, culturally familiar framework for behaviour change. With careful operationalisation and testing, Prajnaparadha could become a useful bridge between Ayurveda and lifestyle psychiatry.

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