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Review Article

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"UNMADA AND SCHIZOPHRENIA SPECTRUM DISORDERS: CLASSICAL CLASSIFICATION AND SCOPE FOR ADJUNCT AYURVEDIC CARE"

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ABSTRACT:

Background: Schizophrenia is a severe, often chronic mental disorder that affects about 24 million people worldwide. Antipsychotic medicines are effective for positive symptoms but less so for negative and cognitive symptoms, and many patients have residual symptoms and side effects. Ayurveda describes psychotic states under Unmada, with a detailed classification, aetiology and management. **Objective:** To review the classical concept of Unmada, compare it with schizophrenia spectrum disorders, and evaluate the evidence for Ayurvedic and related interventions as adjuncts to standard care. **Methods:** Narrative review of Charaka Samhita and Sushruta Samhita and of clinical studies, systematic reviews and trials identified through PubMed, the Cochrane Library and Indian databases. **Results:** Charaka defines Unmada as disturbance of mind, intellect, consciousness, knowledge, memory, desire, character, behaviour and conduct, and classifies it into Doshaja types and an exogenous (Agantuja) type. These descriptions overlap substantially with schizophrenia and other psychoses. A Cochrane review identified three small Indian trials suggesting possible benefit of Ayurvedic preparations but judged the evidence insufficient. A randomised, placebo-controlled trial found that adjunctive Ashwagandha extract improved symptoms, especially negative symptoms, in patients with acute exacerbation. Yoga as an add-on improves negative symptoms and social functioning in randomised trials. **Conclusion:** Ayurveda offers a detailed classical framework for psychosis and several promising adjunct interventions. Its role should be adjunctive, alongside antipsychotic medicines and psychosocial care, and requires larger, rigorous trials.

Keywords: Unmada; schizophrenia; psychosis; Ashwagandha; Brahmyadi Yoga; yoga therapy; adjunct therapy

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INTRODUCTION:

Schizophrenia is characterised by positive symptoms (delusions, hallucinations, disorganised thinking), negative symptoms (reduced motivation, emotional expression and social engagement) and cognitive impairment. It typically begins in late adolescence or early adulthood and often runs a chronic course[1]. The Global Burden of Disease study estimated that schizophrenia affects millions of people worldwide and is among the most disabling health conditions[2]. Antipsychotic medicines are the foundation of treatment. A network meta-analysis of 32 oral antipsychotics confirmed that all were more effective than placebo for acute symptoms, but found important differences in side effects such as weight gain, sedation and movement disorders[3]. Around one-third of patients have treatment-resistant schizophrenia, with persistent symptoms despite adequate trials of antipsychotics[4]. Negative and cognitive symptoms are especially difficult to treat and are major drivers of disability.

In India, many people with psychosis and their families seek help from Ayurveda, alongside or before psychiatric care. Ayurveda describes psychotic conditions under the heading of Unmada and treats them with purification, medicated ghee, herbs, external therapies and psychological and spiritual measures. This review describes the classical concept of Unmada, compares it with schizophrenia, and evaluates the evidence for Ayurvedic care as an adjunct to standard treatment.

METHODS:

Classical sources were Charaka Samhita, Nidana Sthana 7 and Chikitsa Sthana 9, and Sushruta Samhita, Uttara Tantra 62[5,6]. Literature was identified through PubMed, the Cochrane Library, Google Scholar and the Digital Helpdesk of Indian Medicine using Unmada, schizophrenia, psychosis, Ayurveda, Brahmyadi Yoga, Ashwagandha, Withania, yoga and adjunctive treatment. Priority was given to systematic reviews and randomised trials.

THE CLASSICAL CONCEPT OF UNMADA:

Definition

Charaka defines Unmada as a disorder in which the mind (Manas), intellect (Buddhi), consciousness (Samjna), knowledge (Jnana), memory (Smriti), desire (Bhakti), character (Shila), activity (Cheshta) and conduct (Achara) are deranged[5]. This eightfold derangement covers perception, thought, emotion, memory, will and behaviour, closely resembling the broad disturbance seen in psychotic disorders.

Aetiology

Causes of Unmada include incompatible, impure and contaminated food; disrespect towards gods, teachers and elders; mental trauma from fear, grief or excessive joy; injury to the head; and improper conduct (Prajnaparadha)[5]. A person with weak mental strength (Alpa Sattva) is more vulnerable. Charaka notes that the Doshas, aggravated by these causes, affect the heart (seat of the mind) and the channels carrying mental functions (Manovaha Srotas).

Classification

Table 1: Types of Unmada in Ayurvedic texts, with their main classical features and possible modern correlations.

Type	Main classical features	Possible modern correlates
Vataja	Inappropriate laughter, smiling, singing, dancing, talking; restlessness; emaciation; rough skin	Disorganised behaviour; catatonic excitement
Pittaja	Irritability, aggression, nudity, fearfulness, seeing fire or stars; desire for cold things	Agitated or manic psychosis; psychosis with hostility
Kaphaja	Reduced speech and activity, loss of appetite, desire for solitude, excessive sleep, poor hygiene	Negative symptoms; depressive psychosis
Sannipataja	Mixed and severe features; considered incurable	Severe chronic psychosis
Agantuja	Sudden onset, superhuman strength or knowledge, behaviour attributed to external entities	Acute psychotic episodes; possession-like states
Vishaja (Sushruta)	Following poison or toxic substances	Substance-induced psychosis
Shokaja (Sushruta)	Following severe grief	Reactive or brief psychotic disorder

Comparison with schizophrenia

The Kaphaja form, with reduced speech and activity, social withdrawal and neglect of self-care, closely resembles negative symptoms. The Vataja form, with incoherent speech and inappropriate laughter, resembles disorganisation. Agantuja Unmada includes features that modern psychiatry would describe as delusions and hallucinations, often with religious or supernatural content. The Vishaja form anticipates the modern category of substance-induced psychosis. Classical descriptions do not map neatly onto any single modern diagnosis, but Unmada as a whole covers the range of schizophrenia spectrum and other psychotic disorders.

Classical management

Charaka's management of Unmada combines several

approaches[5]:

- Snehana and Shodhana: oleation with medicated ghee, followed by Vamana, Virechana and Basti according to the Dosha; Nasya and Anjana to clear the head.
- Medicated ghee: Kalyanaka Ghrita, Mahakalyanaka Ghrita, Panchagavya Ghrita, Mahapaishachika Ghrita and Brahmi Ghrita are among the most important.
- Herbs: Brahmi, Vacha, Shankhapushpi, Jatamansi, Ashwagandha, Sarpagandha and Tagara.
- Psychological measures: reassurance, consolation, persuasion, and in some cases deliberate emotional shock (such as inducing fear or surprise) to "awaken" the mind. Some of these classical measures, including restraint and frightening the patient, are not acceptable under modern ethics and law.
- Daivavyapashraya: mantra, prayer, rituals and offerings, especially in Agantuja Unmada.
- Diet and conduct: wholesome diet, regular routine and good company.

Charaka also gives signs of recovery: clarity of senses, intellect and mind, and normal behaviour[5].

EVIDENCE FOR AYURVEDIC INTERVENTIONS:

Early controlled trials and the Cochrane review

The first controlled trials of Ayurvedic treatment in schizophrenia were conducted in India in the 1980s and 1990s, notably at the National Institute of Mental Health and Neurosciences. One study tested Ayurvedic treatment, including a herbal compound (Brahmyadi Yoga), in acutely ill patients with schizophrenia (Unmada)[7].

A Cochrane review identified three small randomised trials with a total of 250 participants, all conducted in India and lasting 12 weeks or less[8]. They compared Brahmyadi Yoga and Tagara with placebo or chlorpromazine, and an Ayurvedic treatment package with chlorpromazine. The authors concluded that Ayurvedic medication may have some effects in schizophrenia, but that the evidence was limited to a few small pioneering trials. They recommended a larger trial comparing herbs alone, chlorpromazine alone, and the combination.

Ashwagandha as an adjunct

Ashwagandha is the best-studied Ayurvedic herb in schizophrenia. In a randomised, double-blind, placebo-controlled trial, patients with schizophrenia or schizoaffective disorder experiencing a recent symptom exacerbation received a standardised Withania somnifera extract or placebo in addition to their antipsychotic medicines for 12 weeks[9]. The extract produced greater improvement than placebo in symptom scores on the Positive and Negative Syndrome Scale, with the clearest effects on negative symptoms and general psychopathology, and it also reduced perceived stress. In patients with more severe baseline negative symptoms, the effect size for negative symptom improvement was large. The extract was well tolerated.

This trial is important because it was conducted to modern standards, in a psychiatric setting outside India, and tested Ashwagandha as an add-on rather than a replacement. Its findings are consistent with the anti-inflammatory and stress-modulating properties attributed to Ashwagandha, and with the Ayurvedic use of Balya and Rasayana herbs in Kaphaja (negative-symptom) presentations.

Yoga as an add-on therapy

Yoga is widely practised in Ayurveda settings and has been studied as an adjunct in schizophrenia. In a randomised controlled trial in stabilised outpatients, add-on yoga therapy over four months improved negative symptoms and social and occupational functioning more than exercise or waitlist[10]. A systematic review and meta-analysis found moderate evidence that yoga improved quality of life in schizophrenia, with less clear effects on positive and negative symptoms compared with usual care[11].

Table 2: Summary of evidence

Intervention	Evidence	Main finding	Certainty (authors' judgement)
Brahmyadi Yoga, Tagara	Small RCTs; Cochrane review[7,8]	Possible benefit; insufficient evidence	Low
Ayurvedic package vs chlorpromazine	One small RCT in Cochrane review[8]	Not conclusive	Very low
Ashwagandha (adjunct)	RCT[9]	Improved PANSS scores, especially negative symptoms	Moderate
Yoga (adjunct)	RCT; meta-analysis [10,11]	Improved negative symptoms, functioning and quality of life	Moderate
Shodhana, Shirodhara, Nasya	Case reports and small studies	Not established	Very low

Scope for adjunct Ayurvedic care

Where Ayurveda may add value

The evidence suggests that Ayurveda's most promising role in schizophrenia lies in areas where standard treatment is weakest:

- Negative symptoms: Ashwagandha and yoga have shown benefits for negative symptoms, which antipsychotics treat poorly.
- Stress and relapse: Stress is a recognised trigger for relapse; for

example, a meta-analysis found that living with relatives showing high expressed emotion (criticism, hostility or over-involvement) substantially increased relapse risk[12]. Rasayana herbs, yoga and Sattvavajaya aim to improve stress resilience.

• Physical health: People with schizophrenia have high rates of metabolic syndrome[13], and their life expectancy is about 14.5 years shorter than that of the general population[14], partly due to cardiovascular disease and antipsychotic side effects. Ayurvedic dietary regulation and yoga could support metabolic health, though this needs testing.

• Family and cultural engagement: Ayurveda's language of Dosha, Sattva and conduct is familiar to many Indian families, and may help engage them in long-term care.

What Ayurveda should not do

Ayurvedic treatment should not replace antipsychotic medicines in people with schizophrenia. Untreated psychosis carries risks of suicide, self-neglect, violence and long-term deterioration. Some classical measures, such as physical restraint, beating or deliberate frightening of patients, are unethical and must not be practised. Practitioners should avoid explaining psychotic symptoms solely as possession by external entities in ways that might delay effective treatment or increase stigma.

Practical integration

A responsible model of adjunct care would include: diagnosis and medication management by a psychiatrist; Ayurvedic assessment of Prakriti, Dosha predominance and Agni; Ashwagandha or other Rasayana support with attention to possible interactions; dietary and lifestyle regulation to address metabolic risk; supervised yoga programmes; family education using culturally familiar concepts; and regular monitoring using standard scales such as the Positive and Negative Syndrome Scale.

Sattvavajaya and rehabilitation

Charaka's psychological treatment of Unmada includes consolation, assurance, kind words, reminders of past experiences and the cultivation of self-control[5]. In modern terms, these resemble supportive therapy and psychoeducation. For people recovering from psychosis, Sattvavajaya could be structured to support medication adherence, recognise early warning signs of relapse, reduce stress and rebuild daily routine. Charaka's emphasis on regular conduct, good company and meaningful activity is close to the goals of psychosocial rehabilitation, which aims to restore social roles, work and independent living.

Family involvement is central in both traditions. Ayurveda expects the family to care for the patient, provide a suitable diet and environment, and support the treatment. Modern family interventions for schizophrenia aim to reduce criticism and over-involvement, improve communication and teach problem-solving, and they reduce relapse. Ayurvedic practitioners who already have the trust of families are well placed to deliver such support if trained.

Cultural explanatory models

Many families in India attribute psychotic symptoms to supernatural causes, such as spirits, black magic or planetary influences, and may seek help from religious healers before medical care. Ayurveda's category of Agantuja Unmada acknowledges such beliefs. This can be an advantage, because it allows the practitioner to engage with the family's understanding. It can also be a risk if it delays psychiatric treatment. A balanced approach respects beliefs, includes acceptable spiritual practices as Daivavyapashraya, and at the same time explains the need for medical treatment of psychosis.

Safety considerations

Some herbs used in Unmada have significant pharmacological effects. Sarpagandha (Rauvolfia serpentina) contains reserpine, which depletes monoamines and can cause depression, hypotension and other side effects, and it should not be combined casually with antipsychotics. Sedative herbs such as Jatamansi and Tagara may add to the sedation caused by antipsychotics. Ashwagandha is generally well tolerated, but rare cases of liver injury have been reported, and possible effects on thyroid function should be considered. Mineral and metal preparations should be tested for heavy metals.

Shodhana procedures such as Vamana and Virechana can cause dehydration and electrolyte imbalance, which may interact with antipsychotics and increase the risk of complications such as arrhythmias. They should only be undertaken after medical assessment and with careful monitoring.

DISCUSSION:

The classical concept of Unmada is remarkably comprehensive. Its eightfold definition of mental derangement and its classification into types that resemble disorganised, agitated, negative-symptom, acute and substance-induced presentations show careful clinical observation. Its emphasis on purification, nourishment, psychological care and spiritual support reflects an integrated view of mental illness.

The modern evidence is limited but encouraging in specific areas. The Ashwagandha trial and the yoga trials suggest that Ayurveda-related interventions can help with negative symptoms, stress and functioning when added to standard care. The older trials of Brahmyadi Yoga were pioneering but too small to be conclusive, and the larger trial recommended by the Cochrane review has not yet been done.

Future research should prioritise: replication of the Ashwagandha adjunct trial in larger, multicentre samples, including in India; a modern trial of Brahmyadi Yoga or a standardised Medhya Ghrita as an add-on to antipsychotics; studies of Ayurvedic dietary and yoga programmes for metabolic health in people taking antipsychotics; and qualitative research on how families combine Ayurvedic and psychiatric care. All trials should use standard diagnostic criteria and outcome measures, be registered in advance and follow CONSORT guidelines.

CONCLUSION:

Unmada in Ayurveda describes a spectrum of psychotic conditions that overlaps substantially with schizophrenia and related disorders. Ayurveda offers a structured, culturally familiar approach to their management. Current evidence supports a limited, adjunctive role, particularly for Ashwagandha and yoga in improving negative symptoms, stress and functioning. Ayurvedic care should complement, not replace, antipsychotic treatment and psychosocial support, and larger rigorous trials are needed.

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