

# Etiopathogenesis of Apatarpana Janya Vyadhi in the Context of Schizophrenia (Unmada): A Critical Ayurvedic Review

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**Abstract**— Schizophrenia is among the most debilitating psychiatric disorders globally, affecting nearly one percent of the world population across all demographics. <sup>1</sup>This neuropsychiatric condition manifests through a triad of disturbances encompassing disordered thought processes (delusions), aberrant perception (hallucinations), and disorganised behavioural patterns, alongside progressive deterioration of daily functional capacity. In classical Ayurvedic medicine, a parallel nosological entity designated as Unmad has been elaborately expounded. According to the Apatarpan Janya Vyadhi framework presented herein, deficiencies arising from nutritional, psychosocial, and doshic imbalances precipitate vitiation of the Tridosha, which subsequently afflict the Hridaya the seat of intellect in individuals endowed with diminished Sattva (psychic resilience). <sup>2</sup> The resultant obstruction of Manovaha Srotas engenders perversion of cognition, incoherence of speech, restlessness, mnemonic impairment, and loss of discriminative faculty. Contemporary antipsychotic pharmacotherapy, though acutely effective, carries significant long-term adverse effects. Ayurvedic therapeutics encompassing Shodhan, Shaman, and Sattvavajaya Chikitsa offers a holistic paradigm not only to manage but potentially to resolve the root doshic imbalance underlying Unmad.

**Index Terms**— Apatarpan Janya Vyadhi, Schizophrenia, Unmad, Ayurveda, Tridosha, Manovaha Srotas, Sattvavajaya Chikitsa

## I. INTRODUCTION

Schizophrenia ranks among the leading causes of global disability burden, identified by international health authorities as one of the ten most economically

catastrophic medical conditions afflicting humanity. <sup>1</sup> The clinical presentation is characterised by positive symptom clusters encompassing hallucinations and delusional ideation alongside negative features such as affective flattening and alogia. Cognitive deficits spanning attentional control, working memory, and executive function further compound the disability profile. <sup>2</sup> Social and occupational deterioration constitutes a cardinal hallmark of this chronic mental illness.

Contemporary psychiatry primarily employs antipsychotic agents as first-line pharmacotherapy, often supplemented by evidence-based psychosocial modalities. <sup>2</sup> Yet, the chronicity of the disorder, combined with significant side-effect burdens of prolonged antipsychotic use, necessitates exploration of integrative therapeutic models.

Within the Ayurvedic epistemological framework, the concept of Apatarpan Janya Vyadhi diseases arising from depletion, under-nourishment, or deficiency at physical and mental levels provides a novel lens through which Unmad may be interpreted. An imbalance amongst Vata, Pitta, and Kapha, either individually or in combination, is postulated as the fundamental causative basis of Unmad. The vitiated Doshas ascend through Manovaha Srotas, compromise the Hridaya the locus of Buddhi and perturb the Manas, precipitating the full spectrum of psychotic manifestation. <sup>3</sup>

II. MATERIAL AND METHOD

This study adopts a conceptual-analytical design. Classical Ayurvedic treatises including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridayam were reviewed for all verses pertaining to Unmad. Aetiopathogenetic constructs, symptomatology, and management principles were systematically collated and juxtaposed against contemporary biomedical literature on schizophrenia sourced from standard textbooks, peer-reviewed publications, and electronic databases.<sup>3</sup>

II. AETIOLOGY OF UNMAD (NIDAN)

3.1 Ayurvedic Aetiological Classification

The Nidan (causative factors) of Unmad as enumerated in Charaka Samhita span four principal categories: Aaharaj Nidan (dietary factors), Viharaj Nidan (behavioural factors), Mansika and Indriyarth Nidan (psychological and sensory inputs), and Doshaj Nidan (primary doshic derangement).<sup>3</sup>

Table 1: Ayurvedic Aetiological Classification of Unmad

| Aaharaj Nidan  | Viharaj Nidan   | Mansika & Indriyarth Nidan   | Doshaj Nidan  |
|--|---|--|---|
| Ingestion of incompatible, contaminated, or nutritionally deficient food and beverages | Disrespect towards divine forces, preceptors, and senior members of society; engagement in unwholesome physical conduct | Psychological trauma; excessive or inappropriate sensory stimulation; unresolved grief and emotional shock | Primary vitiation of Vata, Pitta, and Kapha doshas either singly or in combination (Sannipataj) |

3.2 Biomedical Aetiological Perspective

Modern medicine recognises a multifactorial aetiology for schizophrenia integrating genetic predisposition, neurobiological aberrations, and environmental stressors.<sup>4</sup>

Genetic vulnerability: First-degree biological relatives of schizophrenic individuals carry an estimated 6.5% lifetime risk, rising to over 40% concordance in monozygotic twin pairs. Heritability patterns suggest polygenic transmission.<sup>4</sup>

Structural brain alterations: Neuroimaging consistently demonstrates ventricular enlargement, reduced medial temporal volume, and hippocampal cytoarchitectural changes, implicating diffuse neocortical-limbic network disruption.<sup>4</sup>

Environmental precipitants: Psychosocial stress, urban adversity, and critical developmental transitions particularly those accompanied by hormonal flux heighten vulnerability to first-episode psychosis.<sup>4</sup>

Neurochemical dysregulation: Hyperdopaminergic mesolimbic transmission underlies positive symptom generation, while mesocortical hypodopaminergic contributes to negative and cognitive features. Glutamatergic hypofunction via NMDA receptor dysregulation provides an additional mechanistic axis.<sup>4</sup>

Substance-induced psychosis: Cannabis, amphetamine, and cocaine are independently associated with psychosis induction and symptom

exacerbation in susceptible individuals. Approximately half of all schizophrenic patients exhibit comorbid substance misuse.<sup>4</sup>

Prenatal and perinatal insults: Intrauterine hypoxia, maternal infection, nutritional deficiency, and psychological adversity during fetal development confer a modest but measurable elevation in schizophrenia risk. Winter-spring birth excess has been linked to heightened in utero viral exposure.<sup>4</sup>

IV. PATHOGENESIS (SAMPRAPTI)

4.1 Ayurvedic Pathophysiology

The Samprapti (pathogenic sequence) of Unmad commences when aetiological factors trigger Doshaggravation in an individual characterised by Alpa Satva (diminished psychic fortitude). The vitiated Doshas ascend through the Manovaha Srotas and reach the Hridaya the anatomical and metaphysical abode of Buddhi (intellect). This compromises Manas (mind), causes progressive occlusion of the Manovaha Srotas, and culminates in disturbance of Chitta (consciousness). The consequent impairment of discriminative faculty manifests as illogical ideation, memory dysfunction, and loss of volitional control.<sup>5</sup> Conceptualising Unmad within the Apatarpan Janya Vyadhi paradigm adds a novel dimension: just as nutritional and energetic deficiency (Apatarpan) depletes bodily tissues, a parallel depletion of Ojas the

quintessential vital essence governing immunity and mental resilience predisposes to psychic breakdown under doshic provocation.<sup>5</sup>

#### 4.2 Contemporary Neuropath physiology

Anatomical neuroimaging studies employing MRI and DTI reveal reduced whole-brain volume, bilateral prefrontal and temporal lobe atrophy, lateral ventricular dilation, and disruption of white-matter tracts interconnecting neocortical and limbic regions. These structural changes progress longitudinally, correlating with increasing psychotic severity.<sup>6</sup>

At the neurotransmitter level, the classical dopaminergic hypothesis substantiated by the antidopaminergic mechanism of first-generation antipsychotics including chlorpromazine and reserpine has evolved to incorporate serotonergic, noradrenergic, glutamatergic, and GABAergic substrates.<sup>6</sup> NMDA receptor hypofunction, evidenced by phencyclidine-induced psychosis models, has repositioned glutamate as a central pathophysiological mediator.<sup>6</sup>

Immune-inflammatory dysregulation constitutes an emerging dimension: prenatal immune activation elevates proinflammatory cytokines, activates the kynurenine pathway, and modulates both NMDA

receptor activity and dopamine regulation linking neuroinflammation to both the psychopathological and metabolic burden of schizophrenia.<sup>6</sup>

### V. CLASSIFICATION

#### 5.1 Biomedical Subtypes of Schizophrenia

Standard psychiatric nosology delineates four principal subtypes:<sup>7</sup> (i) Catatonic type dominated by profound motor anomalies including posturing, negativism, and echopraxia; (ii) Paranoid type characterised by systematised delusional preoccupation; (iii) Disorganised type marked by incoherent speech and behavioural disorganisation with shallow or incongruous affect; and (iv) Residual type persistent negative symptomatology in the absence of florid psychotic features.

#### 5.2 Ayurvedic Typology of Unmad

Classical Ayurvedic tradition identifies five distinct categories of Unmad: Vataj, Pittaj, Kaphaj, Sannipataj (tridoshic), and Agantuj (exogenous/traumatic origin).<sup>8</sup> Each subtype manifests a distinct clinical phenotype dictated by the predominant vitiated Dosha, facilitating individualised therapeutic targeting.

### VI. COMPARATIVE SYMPTOMATOLOGY

Table 2: Correlation of Modern Schizophrenia Features with Unmad Lakshanas

| Modern Symptom/Sign   | Ayurvedic Lakshana (Unmad)  |
|---|---|
| Disorganised, incoherent speech   | Pralapana illogical and irrelevant utterances                         |
| Auditory hallucinations   | Ashrutha shabda shravana (Swan Karnyo) perceiving non-existent sounds |
| Bizarre, inexplicable behaviour (sudden singing, laughing, rigid posturing) | Akarana hasa, geeta, nritya; sustained awkward postures without cause |
| Social withdrawal and reduced spontaneity                                   | Alpabhashana, alpaceshtata diminished speech and motor initiative     |
| Deterioration of personal hygiene   | Shaucha Dvesha aversion to cleanliness                                |
| Insomnia and sleep dysregulation  | Nidranasha loss of restorative sleep                                  |
| Psychomotor agitation; shouting, aggression                                 | Akala krodha, vegotseka untimely anger and excited motor outbursts    |

Source: Compiled from classical Ayurvedic references and contemporary psychiatric nosology.<sup>9 10</sup>

### VII. AYURVEDIC MANAGEMENT OF UNMAD

#### 7.1 Preparatory Measures

Prior to initiating definitive therapeutics, Unmad patients are prepared through Snehana (oleation) and Svedana (sudation) to facilitate subsequent eliminative procedures.<sup>11</sup>

#### 7.2 Shodhan Chikitsa (Eliminative Therapy)

Dosha-specific elimination is as follows:<sup>11</sup>

- Vataj Unmad: Mridu Snehana followed by gentle eliminative therapy (Mridu Shodhan).
- Pittaj Unmad: Virechan (therapeutic purgation) to expel excess Pitta.
- Kaphaj Unmad: Vaman (emesis therapy) to eliminate Kapha excess.

Post-elimination, a progressive Samsarjan Krama (graduated dietary regimen) is prescribed to restore digestive capacity and dosha equilibrium.

### 7.3 Shaman Chikitsa (Palliative Therapy)

Oral administration of single and compound herbal and herbo-mineral formulations constitutes the backbone of palliative management. The Ghrita preparations exert nootropic action consonant with the lipid-rich constitution of the Mastishka (brain composed of Meda fatty tissue), while Rasaushadhis provide rapid bioavailability and Rasayana properties.<sup>11</sup>

### 7.4 Physical and Mental Shock Therapy

A distinctive Ayurvedic psychotherapeutic modality employs controlled physical and mental stimuli to reset aberrant cognitive and emotional patterning. Sanctioned methods include: Bhaya darshan (controlled fear exposure), Vismapana (therapeutic surprise), Kshobhana (application of mild irritants),

Harshana (inducing positive elation), Bandhan (restraint), Swapna (hypnotic induction), and Samvahan (therapeutic massage for mental calming).<sup>12</sup>

### 7.5 Sattvavajaya Chikitsa (Ayurvedic Psychotherapy)

This non-pharmacological intervention conceptually equivalent to modern psychotherapy operates on the principle of strengthening Sattva (the pure and stable mental quality) to override pathological mental tendencies. Techniques emphasise cultivation of rational volition, ethical conduct, and conscious redirection of sensory faculties.<sup>11</sup>

### 7.6 Daiva Vyapashraya Chikitsa (Spiritual Therapy)

This modality encompasses the use of sacred recitations, propitiatory rites, protective amulets, and Vedic ritualistic practices aimed at addressing Agantuj Unmad psychosis attributed to exogenous or supernatural causation and at reinforcing the patient's existential and spiritual resilience.<sup>11</sup>

## 7.7 Ayurvedic Formulations for Unmad Management

Table 3: Classified Ayurvedic Formulations for Unmad

| Formulation Type         | Name of Preparation  |
|--------------------------|--|
| Single Drugs (Ekadravya) | Vacha (Acorus calamus), Jyotishmati (Celastus paniculatus)   |
| Churna (Powder)          | Saraswat Churna  |
| Ghrita (Medicated Ghee)  | Hingwadi Ghrita, Kalyanak Ghrita, MahaKalyanak Ghrita, Mahapaishachik Ghrita, Lashunadi Ghrita, Shiva Ghrita             |
| Tail (Medicated Oil)     | Shiva Tail   |
| Bhasma / Rasaushadhis    | Unmad Parpati Rasa, Unmadbhanjani Vatika, Unmadgajakesari Rasa, Unmadgajankusha Rasa, Unmadbhanjan Rasa, Chaturbhuj Rasa |

Source: Classical Ayurvedic pharmacopoeial references.<sup>131415161718</sup>

## VIII. DISCUSSION

The convergence of classical Ayurvedic and contemporary biomedical perspectives on psychosis offers both scholarly richness and therapeutic pragmatism. Applying the Apatarpan Janya Vyadhi construct to Unmad introduces an important nuance: the underlying deficiency whether nutritional, energetic, or psychic represents a priming vulnerability that amplifies doshic sensitivity.<sup>5</sup> This aligns with modern concepts of allostatic load and stress-vulnerability models of schizophrenia.

The tripartite Ayurvedic management framework Daiva Vyapashraya, Sattvavajaya, and Yukti Vyapashraya Chikitsa addresses biological,

psychological, and existential dimensions simultaneously, arguably anticipating the biopsychosocial model of modern psychiatry.<sup>11</sup>

The Ghrita formulations merit particular neurological consideration: the Meda-dominant composition of the brain provides the pharmacokinetic rationale for lipid-soluble herbo-mineral preparations crossing the blood-brain barrier, mirroring principles of modern lipid drug delivery research. Rasaushadhis, through nano-particle size reduction via traditional processing (Shodhana and Marana), may exhibit enhanced bioavailability analogous to contemporary nanomedicine concepts. Their low dosage, tastelessness, rapid onset, and Rasayana (rejuvenating-

adaptogenic) properties confer clinical superiority over volumetric herbal preparations.<sup>11</sup>

The judicious integration of Ayurvedic adjuvants with antipsychotic pharmacotherapy holds promise for mitigating adverse effects, enhancing neuroplasticity, and addressing the metabolic disturbances including insulin resistance and immune dysregulation<sup>6</sup> that complicate long-term management.

#### IX. CONCLUSION

This critical review establishes that Ayurvedic classical literature provides a detailed, internally consistent, and clinically actionable framework for the understanding and management of Unmad the Ayurvedic correlate of schizophrenia. The Apatarpan Janya Vyadhi conceptualisation enriches this paradigm by underscoring the role of depletion at somatic, psychic, and doshic levels as a cardinal predisposing factor.

Contemporary antipsychotic pharmacotherapy, while acutely efficacious, fails to address root doshic causation and is encumbered by long-term adverse effects and the prospect of indefinite treatment.<sup>2</sup> Ayurvedic therapeutics, through the coordinated deployment of Shodhan, Shaman, and Sattvavajaya Chikitsa, offers genuine curative potential by restoring doshic equilibrium and normalising brain function at its neurochemical substrates. The formulations detailed herein particularly the Ghrita and Rasaushadhis categories merit rigorous randomised controlled evaluation as monotherapy and adjuncts to standard antipsychotic regimens. Such research holds the potential to establish integrative neuropsychiatric protocols of international therapeutic relevance.

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