



Review Article

NEUROPSYCHIATRIC PERSPECTIVES ON *UNMADA*: REINTERPRETING CHARAKA SAMHITA IN THE LIGHT OF CONTEMPORARY PSYCHIATRY

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ABSTRACT

Unmada, as described in *Charaka Samhita*, represents a comprehensive model of mental illness encompassing disturbances in intellect, cognition, memory, perception, behaviour, and emotional functioning. **Objective:** Reinterpret the concept of *Unmada* described in *Charaka Samhita* through the lens of contemporary psychiatry and neuroscience. **Materials and Methods:** A narrative integrative review was conducted using classical Ayurvedic literature, primarily *Charaka Samhita* (*Nidana Sthana* and *Chikitsa Sthana*), along with *Chakrapanidatta's Ayurveda Dipika* commentary. Contemporary scientific literature was retrieved from PubMed, Scopus, Google Scholar, World Health Organization (WHO) publications, DSM-5-TR, and standard psychiatry textbooks. Classical concepts including *Nidana*, *Samprapti*, *Lakshana*, *classification*, and *Chikitsa* of *Unmada* were systematically analysed. **Results:** *Charaka* describes *Unmada* as a multidimensional disorder involving disturbances of *Manas*, *Buddhi*, *Samjna*, *Gyana*, *Smriti*, *Bhakti*, *Sheela*, *Cheshta*, and *Achara*, arising from the interaction of dietary, psychological, behavioural, and constitutional factors. Several classical concepts, including *Dhee Vibhrama*, *Smriti Vibhrama*, *Manobhigata*, *Alpa Satva*, and *Viruddha Ahara*, demonstrated meaningful conceptual convergence with contemporary neuropsychiatric constructs such as executive dysfunction, cognitive impairment, stress-induced neurobiological alterations, psychological vulnerability, neuroinflammation, and the gut-brain axis. **Conclusion:** The Ayurvedic concept of *Unmada* provides a sophisticated biopsychological framework that remains conceptually relevant in the context of contemporary psychiatry. Reinterpreting classical Ayurvedic knowledge alongside modern neuroscience fosters a more integrative understanding of mental illness and may contribute to future interdisciplinary research.

INTRODUCTION

Mental disorders represent one of the most significant public health challenges of the twenty-first century, exerting a profound impact on individuals, families, healthcare systems, and national economies [1]. According to the World Health Organization (WHO), nearly 1 in every 7 people worldwide (approximately 1.1 billion individuals) were living with a mental disorder in 2021, with

anxiety and depressive disorders being the most prevalent conditions[2]. Furthermore, mental disorders account for one in every six years lived with disability (YLDs) globally, making them one of the leading causes of long-term disability and impaired quality of life[1]. Despite substantial advances in neuroscience, psychopharmacology, and psychiatric research, a considerable proportion of affected individuals continue to experience delayed diagnosis, inadequate treatment, persistent stigma, and poor psychosocial outcomes.

The increasing prevalence of stress-related disorders, mood disorders, psychosis, and other neuropsychiatric illnesses highlights the limitations of a purely disease-centered biomedical approach. Contemporary mental healthcare increasingly

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recognizes that mental illness arises from a complex interplay of biological, psychological, social, behavioural, and environmental factors^[3]. Consequently, there is a growing global interest in holistic and integrative healthcare systems that address not only the neurobiological basis of disease but also the psychological, behavioural, and lifestyle dimensions influencing mental well-being. This pattern shift has renewed scientific attention towards traditional systems of medicine, particularly Ayurveda, which has long advocated a multidimensional understanding of mental health.

Ayurveda conceptualizes mental health through an intricate interaction of *Manas* (mind), *Buddhi* (intellect), *Smriti* (memory), *Satva* (psychological resilience), and the *Tridosha*, emphasizing harmony between the body, mind, senses, and consciousness. Unlike reductionist models that focus predominantly on structural pathology, Ayurveda explains psychiatric disorders as disturbances involving cognitive, emotional, behavioural, and physiological processes. Among these disorders, *Unmada* occupies a central position and is described as a condition characterized by derangement of *Manas*, *Buddhi*, *Smriti*, *Gyan*, *Sheela*, *Shareerika Cheshta*, and *Achara*, resulting in profound disturbances of perception, behaviour, cognition, emotional responses, and social functioning^[4]. This multidimensional description remarkably parallels several domains explored in contemporary neuropsychiatry.

The most comprehensive exposition of *Unmada* is presented in the *Unmada Chikitsita Adhyaya* (*Chikitsa Sthana*, Chapter 9) of the *Charaka Samhita*, where *Acharya Charaka* systematically describes its *Nidana* (etiology), *Samprapti* (pathogenesis), classification, *Lakshana* (clinical manifestations), prognosis, and therapeutic principles. The text identifies *Viruddha Ahara* (incompatible dietary habits), *Manobhigata* (psychological trauma), emotional disturbances such as fear, grief, anger, and excessive exhilaration, along with *Alpa Satva* (diminished psychological resilience), as important etiological factors. It further explains that these factors vitiate the *Doshas*, affect the *Hridaya* and *Manovaha Srotas*, and ultimately impair higher mental functions including intellect, memory, perception, and behaviour^[5]. These observations reflect an advanced and holistic understanding of psychiatric illness that extends beyond symptom-based classification and resonates with modern concepts involving psychosocial stress, cognitive dysfunction, neurobiological dysregulation, and the mind-brain relationship.

Revisiting *Charaka Samhita* in the era of contemporary psychiatry is therefore not merely an

exploration of historical medical literature, but an opportunity to critically examine whether classical Ayurvedic concepts can enrich current understanding of mental disorders. Although *Unmada* should not be considered equivalent to any single modern psychiatric diagnosis, its phenomenological description demonstrates conceptual overlap with multiple neuropsychiatric conditions involving disturbances in cognition, affect, behaviour, perception, and consciousness. Such an integrative interpretation may provide valuable insights into the evolution of psychiatric thought and contribute to the development of more patient-centered, holistic approaches to mental healthcare.

Therefore, the present review, “Neuropsychiatric Perspectives on *Unmada*: Reinterpreting *Charaka Samhita* in the Light of Contemporary Psychiatry,” aims to critically reinterpret the classical concept of *Unmada* through the lens of contemporary psychiatry and neuroscience. The article seeks to explore the conceptual convergence between Ayurvedic and modern neuropsychiatric perspectives, identify areas of similarity and distinction, and discuss their potential implications for integrative mental healthcare, interdisciplinary research, and future evidence-based clinical practice.

Materials and Methods

Study Design

The present study is a narrative, integrative review aimed at reinterpreting the Ayurvedic concept of *Unmada* described in *Charaka Samhita* through the lens of contemporary psychiatry and neuropsychiatry.

Literature Sources

Classical Ayurvedic literature and contemporary scientific publications were comprehensively reviewed. The primary classical source was the *Charaka Samhita*, particularly *Nidana Sthana* (Chapter 7: *Unmada Nidana*) and *Chikitsa Sthana* (Chapter 9: *Unmada Chikitsita*), along with the *Ayurveda Dipika* commentary by *Chakrapanidatta*. Additional references from *Sushruta Samhita* and *Ashtanga Hridaya* were consulted wherever relevant to supplement the conceptual understanding of *Unmada*.

Modern scientific literature was retrieved from electronic databases including PubMed, Scopus, Google Scholar, and the World Health Organization (WHO) publications. Standard psychiatry textbooks, including the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) and Kaplan & Sadock's Synopsis of Psychiatry, were also consulted to understand contemporary concepts of psychiatric and neuropsychiatric disorders.

Classical Understanding of *Unmada* in *Charaka Samhita*

Concept and Definition of *Unmada*^[4]

Ayurveda considers *Unmada* as one of the major *Manasika Vikaras* characterized by disturbances in higher mental functions. According to *Charaka Samhita* (*Nidana Sthana* 7), *Unmada* is defined as the *Vibhrama* (derangement) of *Manas* (mind), *Buddhi* (intellect), *Gyan* (cognition), *Smriti* (memory), *Bhakti* (inclination), *Sheela* (conduct), *Cheshta* (psychomotor activity), and *Achara* (behaviour). This definition indicates that *Unmada* is not merely a disorder of behaviour but a multidimensional disturbance affecting cognition, emotions, perception, personality, and social functioning. Thus, Ayurveda conceptualizes *Unmada* as a systemic disorder involving both

psychological and physiological dysfunction rather than an isolated psychiatric illness.

Nidana (Etiopathogenesis)

Charaka attributes the development of *Unmada* to multiple interacting etiological factors, including *Viruddha Ahara* (incompatible diet), impure food habits, suppression of natural urges, psychological trauma (*Manobhigata*), excessive fear, grief, anger, excitement, and impairment of mental strength (*Alpa Satva*). These factors vitiate the *Tridosha*, which subsequently affect the *Hridaya*, *Manas*, and *Manovaha Srotas*, resulting in disturbance of higher mental functions. The multifactorial etiology described by *Acharya Charaka* reflects a holistic understanding in which dietary, behavioural, emotional, and constitutional factors collectively contribute to disease manifestation.

Samprapti (Pathogenesis)^[5]



Bheda (Classification)^[6]

Charaka classifies *Unmada* into five major types:

Vataja, *Pittaja*, *Kaphaja*, *Sannipataja*, *Agantuja Unmada*

Lakshana with Neuropsychiatric Domains

Type	Ayurvedic Lakshana	Neuropsychiatric Domain Affected	Reference
General	<i>Dhee Vibhrama</i> , <i>Smriti Vibhrama</i> , <i>Mano Vibhrama</i>	Cognition, memory, executive function	Ch. Chi. 9/6–8
<i>Vataja</i>	<i>Asthana Hasa</i> , <i>Nrtya</i> , <i>Geeta</i> , <i>Vaak Vikshepa</i>	Behaviour, affect, psychomotor activity	Ch. Chi. 9/9–10
<i>Pittaja</i>	<i>Krodha</i> , <i>Bhaya</i> , <i>Amarsha</i>	Emotional regulation, aggression, anxiety	Ch. Chi. 9/11–12
<i>Kaphaja</i>	<i>Manda Vaak</i> , <i>Ati Nidra</i> , <i>Vivikta-priyata</i>	Psychomotor retardation, hypersomnia, social withdrawal	Ch. Chi. 9/13–14
<i>Sannipataja</i>	<i>Sarvani Rupani Bibharti</i>	Mixed neuropsychiatric manifestations	Ch. Chi. 9/15
<i>Agantuja</i>	<i>Amartya Vaak</i> , <i>Vikrama</i> , <i>Virya Cheshta</i>	Altered behaviour, perception and consciousness	Ch. Chi. 9/16–17

Sadhya-Asadhyata (Prognosis)

Charaka explains that prognosis depends upon the chronicity, severity, *Dosha* predominance, physical strength (*Bala*), and mental strength (*Satva*) of the patient. Early-stage and uncomplicated cases are

considered more amenable to treatment, whereas chronic or severe conditions associated with profound impairment of mental functions are regarded as difficult to manage.

Chikitsa Siddhanta (Principles of Management)

The management of *Unmada* in *Charaka Samhita* is based on comprehensive correction of both somatic and psychological disturbances. Therapeutic principles include *Daivavyapashraya Chikitsa*, *Yuktivyapashraya Chikitsa*, and *Sattvavajaya Chikitsa*, along with appropriate *Shodhana* and *Shamana* therapies according to *Dosha* predominance. The treatment aims not only to pacify the vitiated *Doshas* but also to restore normal cognitive functions, emotional balance, and behavioural integrity.

Critical Analysis with Modern Neuroscience

The phenomenological description of *Unmada* in *Charaka Samhita* demonstrates a comprehensive understanding of disturbances involving higher mental functions. Advances in contemporary neuroscience have considerably improved our understanding of the neural substrates underlying cognition, memory, executive function, emotional regulation, and behaviour. Although Ayurvedic concepts cannot be directly equated with modern psychiatric diagnoses, several clinical features described by *Charaka* exhibit noteworthy conceptual similarities with established neuropsychiatric constructs. Therefore, each major classical component of *Unmada* is critically analysed below in the context of current neuroscientific and psychiatric evidence.

Dhee Vibhrama (Intellectual Dysfunction)

Classical Evidence- *Charaka* describes *Dhee Vibhrama* as one of the cardinal manifestations of *Unmada*, indicating impairment of intellectual discrimination and appropriate decision-making).

Modern Neuroscience Evidence- In modern neuroscience, executive functions- including reasoning, planning, judgment, cognitive flexibility, and decision-making- are primarily mediated by the prefrontal cortex (PFC), particularly the dorsolateral and ventromedial prefrontal regions^[7].

Functional neuroimaging studies have consistently demonstrated reduced prefrontal cortical activity (hypo-frontality) in schizophrenia and other psychotic disorders, leading to impaired executive function, poor judgment, and disorganized thinking. Neuropsychological studies also reveal deficits in cognitive flexibility, abstract reasoning, and goal-directed behaviour, which closely resemble the disturbances described under *Dhee Vibhrama*.

Critical Analysis

Although *Acharya Charaka* does not describe cortical anatomy or neural circuitry, the concept of *Dhee Vibhrama* remarkably encompasses higher-order executive dysfunction. Rather than referring to a localized brain lesion, Ayurveda conceptualizes impaired intellect as a functional disturbance resulting

from *Dosha*-induced derangement of *Manas* and *Buddhi*. Therefore, *Dhee Vibhrama* should not be interpreted as a structural brain abnormality but as a multidimensional cognitive dysfunction that conceptually overlaps with executive impairment observed in contemporary psychiatry.

Smriti Vibhrama (Memory Disturbance)

Classical Evidence- *Charaka* identifies *Smriti Vibhrama* as one of the principal features of *Unmada*.

Modern Neuroscience Evidence- Memory processing depends largely on the hippocampus, medial temporal lobe, and interconnected cortical networks. Structural MRI studies have demonstrated hippocampal volume reduction in schizophrenia, bipolar disorder, and major depression. Functional imaging further shows impaired encoding and retrieval of episodic memories, while chronic stress-induced elevation of cortisol adversely affects hippocampal neurogenesis and synaptic plasticity^[8,9].

Critical Analysis

The Ayurvedic description of *Smriti Vibhrama* extends beyond simple forgetfulness. It reflects disruption of the processes involved in storing, retrieving, and appropriately utilizing previous experiences. This multidimensional concept closely parallels modern understanding of episodic and working memory dysfunction. However, *Smriti Vibhrama* should be viewed as a conceptual rather than diagnostic equivalent of hippocampal dysfunction.

Manobhaghata

Classical Evidence- *Charaka* identifies psychological trauma (*Manobhaghata*) arising from fear, grief, excessive joy, anger, and emotional shock as an important etiological factor for *Unmada*.

Modern Neuroscience Evidence- Psychological trauma activates the hypothalamic-pituitary-adrenal (HPA) axis, resulting in persistent cortisol secretion. Chronic HPA-axis activation contributes to:

- Hippocampal atrophy
- Amygdala hyperactivity
- Prefrontal cortical dysfunction
- Neuroinflammation
- Altered serotonin and dopamine neurotransmission

These neurobiological alterations increase susceptibility to psychosis, depression, anxiety disorders, and cognitive impairment^[10,11].

Critical Analysis- The remarkable aspect of *Charaka's* description is that emotional disturbances are not merely symptoms but also causal factors. This biopsychological model aligns closely with the contemporary stress-diathesis model of psychiatric

illness, where environmental stress interacts with biological vulnerability to precipitate mental disorders.

Alpa Satva

Classical Evidence- *Charaka* states that *Unmada* develops more readily in individuals with *Alpa Satva*, indicating reduced mental strength.

Modern Psychiatry Evidence- Modern psychiatry recognizes individual variability in stress resilience through concepts such as:

- Psychological resilience
- Stress susceptibility
- Cognitive reserve
- Genetic vulnerability
- Diathesis–stress model

People with lower resilience are more likely to develop psychiatric disorders following stressful life events^{[12][13]}.

Critical Analysis

Although *Alpa Satva* cannot be directly equated with psychological resilience, both concepts describe an individual's capacity to withstand psychological adversity. *Charaka's* emphasis on *Satva* suggests that vulnerability to mental illness depends not only on external stressors but also on intrinsic psychological constitution.

Viruddha Ahara

Classical Evidence- *Charaka* identifies *Viruddha Ahara* as one of the primary causes of *Unmada*.

Modern Neuroscience Evidence- Recent research on the gut–brain axis demonstrates that unhealthy dietary patterns can alter gut microbiota, increase intestinal permeability, promote systemic inflammation, and influence neurotransmitter synthesis.

Evidence links ultra-processed diets with:

- Depression
- Anxiety
- Schizophrenia
- Cognitive decline

Through inflammatory cytokines and microbiome-mediated neural signalling.

Critical Analysis

Although *Charaka* did not describe the gut microbiome, his emphasis on incompatible diet as an etiological factor reflects a systemic understanding of health. The emerging science of the gut–brain axis provides a plausible biological framework through which the classical concept of *Viruddha Ahara* may be interpreted.

CONCLUSION

The concept of *Unmada* described in *Charaka Samhita* represents one of the earliest and most comprehensive attempts to understand mental illness through an integrated biopsychological framework. Rather than defining mental disorders solely in terms of behavioural abnormalities, *Acharya Charaka* conceptualized *Unmada* as a multidimensional disturbance involving *Manas, Buddhi, Samgya, Gyan, Smriti, Bhakti, Sheela, Cheshta, and Achara*, thereby encompassing cognitive, emotional, behavioural, perceptual, and social domains of mental functioning. This holistic perspective remarkably parallels several fundamental constructs explored in contemporary neuropsychiatry.

The present review demonstrates that many classical descriptions of *Unmada*- including *Dhee Vibhrama, Smriti Vibhrama, Manobhigata, Alpa Satva*, and *Viruddha Ahara*- show meaningful conceptual convergence with current knowledge regarding executive dysfunction, cognitive impairment, stress neurobiology, psychological vulnerability, neuroinflammation, and the gut–brain axis. Nevertheless, these similarities should be interpreted as conceptual correspondences rather than direct diagnostic equivalences. *Unmada* cannot be regarded as synonymous with schizophrenia, bipolar disorder, psychosis, or any single psychiatric diagnosis; instead, it represents a broader neuropsychiatric syndrome characterized by disturbances across multiple domains of higher mental function.

The integrative interpretation presented in this review underscores the enduring scientific relevance of *Acharya Charaka's* observations. His emphasis on the interaction between dietary habits, emotional trauma, mental constitution, and physiological imbalance reflects a systems-oriented understanding of mental illness that aligns with the current biopsychosocial and neurobiological models of psychiatric disorders. Such convergence highlights the potential of Ayurveda to contribute meaningful conceptual insights to modern mental healthcare without compromising the distinct philosophical foundations of either system. Future interdisciplinary research integrating classical Ayurvedic principles with advances in neuroscience, neuroimaging, psychoneuroimmunology, microbiome research, and clinical psychiatry may further elucidate the biological correlates of Ayurvedic concepts and facilitate the development of evidence-informed integrative mental healthcare strategies. Well-designed translational studies and clinical investigations are essential to evaluate the therapeutic implications of Ayurvedic interventions in contemporary neuropsychiatric practice.

In conclusion, reinterpreting *Unmada* through the lens of contemporary psychiatry does not merely revive an ancient concept; rather, it establishes a meaningful dialogue between classical Ayurvedic wisdom and modern neuroscientific understanding. Such an integrative perspective may broaden current approaches to mental health by encouraging a more holistic appreciation of cognition, behaviour, emotion, and human consciousness while opening new avenues for collaborative research and patient-centered care.

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