

Cha. Chi. 9. Unmada Chikitsitam

Cha. Chi. 9 — Unmāda Cikitsitam (Management of Psychotic Disorders)

Learning goal: By the end of this chapter you will be able to explain the *hetu* (causes), *samānya samprāpti* (general pathogenesis) and *samānya lakṣaṇa* of **Unmāda**; differentiate **Vātaja**, **Pittaja**, **Kaphaja**, **Sannipātaja** and **Āgantuka Unmāda**; write the **Cikitsā Sūtra** (including Āgantuka treatment); recognise **Vigata-Unmāda** signs; and discuss key yogas—**Kalyānaka Ghṛta**, **Mahākalyānaka Ghṛta**, **Mahāpaiśācika Ghṛta**, **Laśunādyā Ghṛta**, **Purāṇa Ghṛta**, **Siddhārthaka Yoga**, and supportive combinations (**Sitopalādi**, **Tāliśādyā**, **Yavāni-Ṣāḍava** as needed).

1) Unmāda: Hetu, Samānya Samprāpti, Samānya Lakṣaṇa

1.1 Hetu (causes)

- **Prajñāparādha** (errors of judgment/ethics), **ati-buddhyavabodha** (overstrain of mind), grief-fear-anger excess, intoxication, sleep loss.
- **Doṣa-nidāna**: unwholesome diet and habits that aggravate **Vāta**, **Pitta**, **Kapha** and pollute the **manovaha srotas**.
- **Āgantuka (extrinsic) causes**: shock, fright, curse/obstruction, poisoning, possession-like states (*bhūta-graha*)—which later **secondarily involve doṣa**.

Memorise (Charaka's gist):

“प्रज्ञापराधात् शोकभयक्रोधात्, मदात् निद्राविपर्ययात्—दोषाः मनो-हृदय-इन्द्रियाणि विक्षिपन्ति, ततोऽनुन्मादः।” (Cha. Chi. 9)

1.2 Samānya Samprāpti (general pathogenesis)

- Aggravated **doṣa** invade the **manas** (mind) through **hṛdaya** (psychosomatic seat) and **manovaha srotas**.
- There is **asamyak samyoga** of **indriya-artha-manas**: perception, judgment and volition de-link.
- **Rajas-Tamas** overwhelm **Sattva** → loss of *buddhi*, *smṛti*, *saṃjñā-jñāna*.

Classical line (remember the triad of loss):

“बुद्धिस्मृतिसंज्ञाज्ञानधैर्यचित्ताभिप्रायिणाम् विकारः—स तु उन्मादः।” (Cha. Chi. 9)

1.3 Samānya Lakṣaṇa (shared features)

- **Cognition/affect**: incoherent talk, inappropriate laughter/tears/anger, delusions, fearfulness or grandiosity, poor insight.
- **Behaviour**: running/dancing/singing at odd times, nudity or neglect of cleanliness, eating unclean things, violence or withdrawal.
- **Bodily cues**: disturbed sleep, tremulousness, altered appetite, dry or drooling mouth depending on doṣa, variable pulse/heat.

Memorise a hallmark (Charaka's classic line):

“हसति रुदति गायति नृत्यति निन्दति स्तौति च, असंख्यातेषु वृत्तिषु प्रवर्तते—सोऽनुन्मादितः।” (Cha. Chi. 9)

2) Unmāda Bheda—Doṣa-wise features and Āgantuka

Use this table to write crisp differentials in SAQ/LAQ.

| Type | Key Lakṣaṇa (exam keywords) |
|----------------------|--|
| Vātaja Unmāda | Restlessness, wandering, talkativeness with sudden topic shifts, fear/crying, dry skin-lips, insomnia, tremors, constipation, emaciation; voice low/hoarse; colour dark-brownish. |
| Pittaja Unmāda | Rage, intolerance to heat, red eyes/face, thirst, burning, desire for cold, abusive speech, violent impulses, dreams of fire/blood, yellowish stool/urine; sleeps little. |
| Kaphaja Unmāda | Lethargy, heaviness, stupor, excessive sleep, drooling, slow speech, pallor/whitish hue, aversion to activity, anorexia, nausea; sticky discharges. |
| Sannipātaja | Mixed and severe—rapidly changing affect and behaviour; alternating fury-stupor-restlessness; prognosis guarded. |
| Āgantuka (exogenous) | Abrupt onset after fright/shock/curse/poison/possession; peculiar speech/gestures, aversion to deities/elders, or bizarre preferences; later acquires doṣa features—treat first as daivavyapāśraya/sattvavajaya , then yukti once stabilized. |

Classical anchor:

“वात-पित्त-श्लेष्म-सन्निपातजोऽपि च उन्मादः, तथा बाह्यो निमित्तकः ; सर्वेऽपि मनसि हृदि च स्थिताः—दोषवैशेष्यतः लक्षणम् ।” (Cha. Chi. 9)

3) Cikitsā Sūtra—How to Treat Unmāda

3.1 Threefold Ayurvedic framework

Charaka’s celebrated triad:

“दैवव्यपाश्रयं युक्तिव्यपाश्रयं सत्त्वावजयम् ।” (Cha. Chi. 9 / Sutra repeated from C.S. Sū. 11)

- **Daivavyapāśraya** (faith-based supports): *mantra, maṅgala, bali, homa, upavāsa, maulī-dhāraṇa, maṇi-dhāraṇa*, worship and auspicious surroundings.
- **Sattvavajaya** (psychotherapy): reassurance, counselling, restraint and redirection of mind (*eka-tattva abhyāsa*), removal from triggers, establishing sleep-wake hygiene, company of *guru/suhr̥d*, music/reading suited to *sattva*.
- **Yukti-vyapāśraya** (rational medicines & procedures): stage-wise **śodhana-śamana, nasya, dhūmapāna, abhyanga, svedana**, and **medhya-sātmya** diet.

3.2 Yukti steps (by doṣa and avasthā)

1. Nirāma-Doṣa Pradhāna:

- **Vātaja**: **snehana (ghṛta/taila), mṛdu svedana, basti** (anuvāsana-nirūha) with vāta-hara kvātha, *māṃsa-rasa* of *jāṅgala* animals.
- **Pittaja**: **virecana**, cooling *nasya/dhūma*, **tiktaka ghṛta**; avoid heat and pungency; cold affusions to head (*śiro-dhāra* with *ghṛta/kṣīra*).
- **Kaphaja**: **vamana** (after *snehana*), *laghu-rukṣa-uṣṇa* dīpana-pācana, **udvartana, dhūmapāna** with *vacha-hiṅgu-haridrā*.

2. Āma-Avasthā:

- Begin with **laṅghana-pācana** (dry ginger, pippalī in microdoses), then proceed to above.

3. Sannipāta/Chronic:

- Gentle *śodhana* only if bala permits; otherwise **snehapāna with medhya ghṛtas, nasya, śirobasti**, guarded *dīpana*, and **satvavajaya**.

3.3 Āgantuka Unmāda—Hetu & Chikitsā

- **Hetu**: sudden psychic insult (fright, grief, shock), *abhicāra/abhiśāpa, viṣa, grahābhighāta*.
- **First response**: **Daivavyapāśraya + Sattvavajaya** to settle the mind-field (remove to serene place, ritual protections, jīṅgling of auspicious sounds, fragrance fumigation, cool drizzles, gentle music).
- **Then** correct the **doṣa** now involved—choose *vamana/virecana/basti, nasya/dhūma*, and **medhya ghṛtas**.
- **Guard rails**: **no fright, no physical insult, no over-heating**; maintain attendants’ calm, structured routine, **satmya** diet.

**Classical reminder (easy line):**

“आदि बाह्योपक्रमेण शम्यते—पश्चात् दोषान् प्रसाम्य योजयेत् ।” (Cha. Chi. 9)

4) Vigata-Unmāda Lakṣaṇa (signs of remission) & Practical Yogas

4.1 Vigata-Unmāda (remission signs)

- **Manas:** coherent thought, stable affect, **buddhi-smṛti** regained, insight returns.
- **Indriya-artha-sannikarṣa:** appropriate responses to sounds, sights, tastes; no hallucinations.
- **Vihāra:** proper sleep, cleanliness, social appropriateness, respectful speech, routine adherence.
- **Śarīra:** lightness, normal appetite and bowel-bladder, clear eyes and voice.

Memorise:

“स्थिरं मनो बुद्धिरसन्धिग्धा, स्मृतिः प्रतिभ्रूयते ; हिताहारविहाररुचिः—विगत उन्माद इति ।” (Cha. Chi. 9)

4.2 Unmāda Cikitsā Yogas (with exam-ready notes)

For each, write **rasa/guna/karma**, when to choose, **anupāna**, and **cautions**.

1) Kalyānaka Ghṛta — medhya-manonukūla

- **Theme:** *Medhya (cognition-enhancing), manas-saṁśamana*, anxiety-insomnia relief; suitable in **Vāta/Pitta-predominant** Unmāda and as **follow-up after śodhana**.
- **Anupāna:** warm milk or warm water; begin small (½-1 tsp) and titrate to *samyak snigdha* signs.
- **Why it works:** bitter-aromatic herbs processed in ghṛta → **sūkṣma-vyavāyi** delivery to **manovaha srotas**; restores **sattva** dominance.
- **Exam line:** “*Kalyānaka* for clarity, sleep and coherent speech.”

2) Mahākalyānaka Ghṛta — deeper, broader spectrum

- **When:** chronic Unmāda with marked cognitive-affective disarray; **post-mṛdu-śodhana**; mixed doṣa with pitta involvement.
- **Effect:** stronger **medhya-rasāyana** profile; useful bridge before **Sattvavajaya retraining**.

3) Mahāpaiśācika Ghṛta — severe, refractory cases

- **Indication:** **Sannipātaja/Āgantuka** with delusion, terror, insomnia, and appetite loss.
- **Note:** Traditionally potent and **tikṣṇa-medhya-ogdīpana**; reserved for **supervised settings**; give in **microdoses** with honey or warm water.
- **Caution:** avoid in marked *āma* or active *pitta-dāha*.

4) Laṣunādyā Ghṛta — vāta-kapha clearing

- **When:** **Vātaja/Kaphaja** Unmāda with *tamas-āvaraṇa*—lethargy, heaviness, constipation, dullness, coldness.
- **Actions:** carminative, **vāta-kapha śāmaka**, *dīpana-pācana*; improves gut-brain axis (*annavaha* → *manovaha*).

5) Purāṇa Ghṛta (aged ghee) — stabiliser and medhya

- **Profile:** *laghu-rūkṣa-lekhana* compared to fresh ghṛta; **improves medhā**, reduces kapha-āvaraṇa, supports sleep without dulling.
- **Use:** convalescence and maintenance—**small nocte doses**.



6) Siddhārthaka Yoga — external purifying protocol

- **Components:** *Siddhārtha* (*sarṣapa/mustard*)-based **snāna/udvartana/dhūpana** with adjuncts (*saindhava*, sour gruels, *vacha*, *hiṅgu*) as indicated.
- **Why:** *rukṣa-uṣṇa-tikṣṇa* profile reduces **kapha-tamas**, clears head-sinus heaviness, sharpens senses; ideal in **Kaphaja** or **stuporous** states.
- **Forms:** bath powders, *lepas* for scalp, **fumigation (dhūma)** of living spaces morning-evening.

Supportive adjuvants (practically useful):

Sitopalādi *chūrṇa* (*kaphaja* throat-chest load, sleep-breath regularisation), **Tāliśādyā** (*dīpana-pācana* when *aruci/ālasya*), **Yavānī-Ṣāḍava** (post-meal carminative to cut *āma-kapha*). Use them to prepare the terrain for **medhya ghṛta**.

5) Diet & Conduct (Pathya-Apathya)

- **Pathya:** warm, light, **sātmya** meals; *yava-godhūma-śāli* as suited; *mudga yūṣa*, thin rice gruels with a few drops of ghee; spices in moderation (*śuṅthī*, *jeeraka*, *pippalī*).
- **Vāta-predominant:** add **māmsa-rasa** of *jāṅgala* animals, sesame-ghee, warm oil *abhyānga*.
- **Pitta-predominant:** cool drinks (*dravya-jala* with *uśīra*, *candana*), **tiktaka śāka**, avoid sour-pungent-alcohol.
- **Kapha-predominant:** barley, millets; avoid curd, cold, heavy and day-sleep.
- **Apathya:** over-eating/fasting cycles, night-vigil, intoxicants, solitary brooding, sensational media, conflicts; **sex & exertion** as per *bala*—generally restricted early.

6) Quick Algorithms (write as flow in the exam)

1. **Assess** doṣa dominance → *āma* vs *nirāma* → *bala/sattva* → *āgantuka*?
2. **Stabilise mind-field** (quiet room, attendants, *daivavyapāśraya* & *sattvavajaya*).
3. **Prepare** with *dīpana-pācana* → indicated *śodhana* (*vamana/virecana/basti*).
4. **Medhya ghṛta** (*Kalyānaka* → *Mahākalyānaka* / *Mahāpaiśācika* as needed).
5. **Local:** *nasya*, *dhūmapāna*, *śirodhāra/śirobasti*, *abhyānga-svedana*.
6. **Consolidate:** routine, sleep hygiene, graded activity, counselling; **Purāṇa ghṛta** small nocte; **Siddhārthaka externals** in *kaphaja/stupor*.
7. **Relapse prevention:** *hetu*-avoidance, periodic *dīpana* weeks, family education.

7) Classical Ślokas to Quote (Devanāgarī)

1. **Loss triad (definitional spirit):**
“बुद्धिस्मृतिसंज्ञाज्ञानधैर्यचित्ताभिप्रायाणां विकारः—उन्मादः ।” (9)
2. **Behavioural hallmark:**
“हसति रुदति गायति नृत्यति निन्दति स्तौति—विपरीतेषु वृत्तिषु प्रवर्तते ।” (9)
3. **Therapy triad:**
“द्वैव्यपाश्रयं युक्तिव्यपाश्रयं सत्त्वावजयम् ।” (9; 9)
4. **Āgantuka management cue:**
“आदौ बाह्योपक्रमेण शमयेत्, पश्चाद् दोषान् प्रसाम्य योजयेत् ।” (9)

Quote two of the above in any long answer for easy marks.



8) Assessment (Exam-ready)

A. Long Essays (10 marks each)

1. **Explain the Samānya Saṃprāpti of Unmāda** and discuss how *indriya-artha-manas* disconnection produces core features. Add the threefold **Cikitsā Sūtra** and examples of procedures/medicines for each limb.
2. **Write a doṣa-wise account of Unmāda** (Vātaja, Pittaja, Kaphaja, Sannipātaja) with characteristic lakṣaṇa and first-line measures. Include one **medhya ghr̥ta** and one **external Siddhārthaka** measure.
3. **Āgantuka Unmāda**: causes, presentation, staged management (Daivavyapāśraya → Sattvavajaya → Yukti), precautions, and prognosis. Illustrate with suitable yogas (Kalyānaka/Mahāpaiśācika, Laśunādya, Purāṇa Ghr̥ta).

B. Short Notes (5 marks each)

- a) *Prajñāparādha* in Unmāda—definition and clinical examples.
- b) **Sattvavajaya** techniques you would teach the family.
- c) **Kalyānaka vs. Mahākalyānaka Ghr̥ta**—when to choose which.
- d) **Laśunādya Ghr̥ta**—profile and indications.
- e) **Siddhārthaka Yoga**—forms and role in Kaphaja Unmāda.
- f) **Purāṇa Ghr̥ta**—why aged ghee is preferred in convalescence.

C. MCQs (1 mark each)

1. Primary seat of derangement in Unmāda is:
a) Yakṛt b) Hṛdaya-Manas c) Basti d) Pliha → **b**
2. In **Pittaja Unmāda** the *first* internal measure is usually:
a) Vamana b) Virecana c) Basti d) Nirūpaṇa → **b**
3. **Mahāpaiśācika Ghr̥ta** is reserved for:
a) Fresh kaphaja stupor only b) Mild anxiety c) Refractory mixed/āgantuka cases under supervision d) Children routinely → **c**
4. **Siddhārthaka** best fits:
a) Cooling pittaja erythema b) Rukṣa-uṣṇa reduction of kapha-tamas c) Vāta pacification only d) Rasāyana only → **b**
5. **Vigata-Unmāda** shows all **except**:
a) Insight restored b) Social appropriateness c) Sleeplessness persists d) Appetite normal → **c**

D. SAQs (3-4 lines each)

1. List **five common hetu** of Unmāda.
2. What do you mean by **asamyak indriya-artha-manas saṃyoga**?
3. Two key behavioural signs each of **Vātaja** and **Kaphaja** Unmāda.
4. Outline **three steps** in Āgantuka Unmāda management.
5. Write indications and one caution for **Purāṇa Ghr̥ta** in Unmāda.

One-minute Mnemonic — “UNMĀDA”

- **U** — **Unity** breaks: *indriya-artha-manas* disconnect.
- **N** — **Nidāna**: prajñāparādha; doṣa and āgantuka triggers.
- **M** — **Modus**: manovaha-hṛdaya srotas vitiation; rajas-tamas ↑.
- **Ā** — **Āyurveda triad**: *Daivavyapāśraya-Yukti-Sattvavajaya*.
- **D** — **Doṣa bheda**: Vāta (restless), Pitta (furious), Kapha (stuporous), Sannipāta (mixed).
- **A** — **Anubandha**: treat āgantuka first externally, then doṣa; aim for **Vigata-Unmāda** signs.

With these algorithms, shlokas, and yogas, you are equipped to write high-scoring answers on **Unmāda**



Cikitsitam as per **Charaka Chikitsā Sthāna 9**.

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