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AYURVEDIC MANAGEMENT OF SCHIZOPHRENIA WITH NEGATIVE SYMPTOMS WITH SPECIAL REFERENCE TO KAPHAJA UNMADA : A CASE REPORT

Ayurveda

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ABSTRACT

Schizophrenia is a chronic and disabling psychiatric disorder with a reported lifetime prevalence of 1.41% in India. It is characterized by disturbances in thought, perception, emotion, and behavior. Negative symptoms such as avolition, anhedonia, alogia, affective flattening, and social withdrawal are particularly debilitating, leading to impaired social and occupational functioning, poor self-care, and long-term disability. Although antipsychotics remain the cornerstone of treatment, their efficacy in managing negative symptoms is limited, creating a significant therapeutic gap. This case report describes the Ayurvedic management of a 24-year-old woman presenting with poor social interaction, self-neglect, inappropriate laughter, occasional self-talk reduced appetite, and hostility toward family members for two months. In Ayurveda, schizophrenia can be correlated with Unmada, a disorder involving derangement of higher mental faculties. The clinical presentation was diagnosed as Kaphaja Unmada with Vata Anubandha, characterized by Rahapreethi(social isolation), Alpavak(reduced communication), Alpaahara(reduced food intake), Alpachankramana(psychomotor retardation) and Souchavidwesha(poor self-hygiene). Management aimed at Kapha Shamana and Srotoshodhana through internal medications and procedures including Snehapana, Virechana, Vasti, Nasya, Anjana, Dhoopana, and Sirolepa.Assessment using the Positive and Negative Syndrome Scale (PANSS) showed a reduction in score from 93 at baseline to 55 after the intervention and 35 at one-month follow-up. Clinically, the patient exhibited improved social interaction, self-care, cognitive function, and self- talk resolved completely. The findings suggest the potential role of Ayurveda in managing Schizophrenia with negative symptoms.

KEYWORDS

Unmada, Schizophrenia, Negative symptoms, Ayurveda

INTRODUCTION

Schizophrenia is a chronic and disabling psychiatric disorder with a reported lifetime prevalence of 1.41% in India[1]. It is characterized by disturbances in thought, perception, affect, and behavior, presenting with delusions, hallucinations, disorganized speech or behavior, and negative symptoms. Among these, negative symptoms—such as avolition, anhedonia, alogia, affective flattening, and social withdrawal—are particularly debilitating[2]. They significantly impair personal, social, and occupational functioning and are associated with poor self-care, reduced motivation, diminished emotional responsiveness, long-term disability, and increased caregiver burden[3]. Although antipsychotics remain the cornerstone of treatment, their efficacy in alleviating negative symptoms is limited. Most available agents primarily target positive symptoms, while persistent negative symptoms continue to hinder functional recovery and quality of life. This therapeutic gap highlights the need for complementary and holistic approaches[4].

In Ayurveda, schizophrenia can be correlated with Unmada, a disorder characterized by derangement of Manas, Buddhi, Smriti, Sanjna, Bhakti, Sheela, Cheshta, and Achara[5]. Clinical features resembling negative schizophrenia correspond closely to Kaphaja Unmada, often associated with Vata involvement. Kapha predominance manifests as Rahapreethi(social- isolation), Alpavak(reduced communication), Alpachesta(psychomotor retardation), Alpaahara(poor food intake), Souchavidwesha(poor self-care) and Atinidra(excessive sleep)[6,7]. Management principles emphasize Kapha Shamana, Srotoshodhana, and restoration of mental faculties through internal medications and procedures such as Snehapana, Virechana, Vasti Nasya, Anjana and Sirolepa[8]. This case report explores the effectiveness of an Ayurvedic protocol in managing schizophrenia with predominant negative symptoms.

Patient Information

A 24-year-old woman was admitted to the Government Ayurveda Research Institute for Mental Health and Hygiene, Kottakkal, with complaints of poor social functioning, self-neglect, inappropriate smiling, reduced food intake, irritability, occasional self-talking and hostility toward her husband and in-laws for two months. The patient herself reported no complaints.

She was the fifth daughter of non-consanguineous parents and had an uneventful childhood. She was described as cheerful, socially active, and academically competent. Five years earlier, during her MLT course, she had been involved in a romantic relationship with a Madrasa teacher. Upon discovering that he was already married with children, she experienced intense guilt and emotional distress. Over the following year, she gradually developed social withdrawal, isolation, self-talking, inappropriate smiling, poor sleep, reduced speech output, episodic crying, and occasional fearfulness.

As the illness progressed, she developed decreased appetite, disturbed sleep, refusal to eat, repetitive cleaning and handwashing, auditory hallucinations, and social isolation. She destroyed personal photographs and documents. Psychiatric consultation was sought, and antipsychotic medication was initiated, leading to symptomatic improvement.

Subsequently, she got married and had a stable marital life. One year after childbirth, poor adherence to psychiatric medications during lactation led to relapse with inappropriate laughter, occasional self-talk, irritability, social withdrawal, neglect of household duties and childcare, hostility toward family members, and death wishes. As outpatient management failed to yield significant improvement, she was admitted for inpatient Ayurvedic care.

Past Medical History

There was no history of major medical illness.

Family History

The patient's mother had epilepsy and was on regular medication.

Current Medication

Tab. Oleanz (Olanzapine) 7.5 mg once daily at bedtime was continued under psychiatric supervision.

Clinical Findings

General examination revealed: pulse 76/min, blood pressure 110/70 mmHg, respiratory rate 18/min, and heart rate 76/min. No systemic abnormalities were detected.

Mental Status Examination

The patient was lean-built with a downward gaze, establishing eye contact only upon command. She appeared apathetic with poor rapport. Speech was slow, low in volume, non-spontaneous, and restricted to brief responses. Reaction time was increased.

Mood was subjectively described as “nothing specific,” with blunt

affect. Thought output was minimal, with hostility toward husband and in-laws. Hallucinatory behavior suggested auditory hallucinations. Orientation was intact; however, concentration, recent memory, and abstract thinking were impaired. Insight was Grade I, and judgment was impaired.

Ayurvedic Psychiatric Assessment

Psychiatric assessment in Ayurveda was conducted under the framework of Ashtavibhrama(eight-fold derangements):

Vibhrama	Present/ Absent	Justification
Manovibhrama(mind)	Present	Disturbed mental functioning
Budhivibhrama(intellect)	Present	Impaired intellect and perception with hallucinatory behavior
Samjnajnana(orientation and consciousness)	Absent	Preserved orientation
Smriti Vibhrama(memory)	Present	Impaired recent memory
Bhakti Vibhrama(interest and preferences)	Present	Disinterest in self-care, childcare, and social interaction
Sheela Vibhrama(Habits and emotions)	Present	Irritability and hostility
Cheshta Vibhrama(psychomotor activity)	Present	Inappropriate laughter and occasional self-talking
Achara Vibhrama(conduct and character)	Present	Decline in social conduct and responsibilities

Dasavidha Pareeksha

The case reveals a Tamas–Rajas predominant Manas Prakriti with Avara Satvabala, indicating poor psychological resilience. The Dosha predominance is Kapha with Vata association, and Rasa was the principal Dushya. The disease was in Purana Avastha with Manda Agni, and both Abhyavaharana and Jarana Shakti were Avara, indicating reduced appetite and digestion.

Diagnosis

Diagnosed case of Schizophrenia

Ayurvedic diagnosis: Kaphaja Unmada with Vata Anubandha.

Management

Internal Medications

1. Sweta Shankhapushpi Churna + Sarpagandha Churna + Gokshura Churna (1 g, morning with lukewarm water after food)9
2.Sweta Shankhapushpi Churna + Vacha Churna + Amaya Churna (5 g twice daily with lukewarm water after food)
3. Kalyanaka Ghrita (5 g at bedtime)10
4. Manasamitra Vatakam 2-0-2 after food with warm water11
5. Drakshadi Kashaya (90 ml twice daily before food)

Therapeutic Procedures

Procedure	Days	Medicine	Rationale	Observations
Sirolepa	10	Puranadhatri Churna+Musta Churna+Takra	To make patient co-perative for treatment	Attention and concentration got improved
Nasya	7(from 5th day)	Vilwadi Gulika-1ml each nostril	Kaphahara	Attention and concentration got improved, started socialisation, increased insight
Anjana	7(from 5th day)	Vilwadi Gulika-1 tab	Kaphahara	Attention and concentration got improved, started socialisation, increased insight
Takrapana	2	Ashta Churna 10gm + Takra 1 litre	Rookshana	Improved affect
Snehapana	5	Kalyanaka Ghrita and Mahat Panchagavya Ghrita-20ml +10ml, 40ml +20 ml, 80ml +40 ml, 100ml +60 ml, 140ml +80 ml	Tridoshahara	Maintained eye contact on interrogation Affect-happy
Abhyanga + Ushma sweda	2	Dhanwantharam Taila- for external application	For Draveekarana of Dhatugata doshas	
Virechanam	1	Avipathi Churna-20 gm with warm water	Kostasudhikara,Indriyaprasada, agnivardhaka	5 vegas Started making eye contact
Yogavasti	8	Doshahara vasti - Erandamooladi Kashaya-480 ml, kalka of Vacha, Satapuspa, Devadaru, Rasna and Hingu-6gm each, Dhanwantaram mezhukupakam-120ml Madhu-120ml, Saindhava-15gm -3 days Snehavasti- Panchagavya Ghrita- 75ml-5 days	Vata-kaphahara	Irritability, Self-laugh reduced
Nasya	5	Kalka of hingu, vacha and darvi-1 ml each nostril	Kaphahara	Started communication with husband
Dhoopana	daily	Haridra, Daruharidra, Kottam,Vacha, Jadamanchi Churna	Srotosodhana Kapha-vatahara	Improved Attention and concentration

Discharge Medicines

1. Sweta Shankhapushpi Churna + Sarpagandha Churna + Gokshura Churna (1 g, morning with lukewarm water after food)9
2. Sweta Shankhapushpi Churna + Vacha Churna + Amaya Churna (5 g twice daily with lukewarm water after food)
3. Mahatpanchagavya Ghrita(5 g at bedtime)
4. Saraswatarista- 5 drops twice after food
5. Alert Capsule- 1-0-0 with lukewarm water

RESULT

The Positive and Negative Syndrome Scale (PANSS) score reduced from 93 at baseline to 55 post-intervention. Clinically, eye contact, communication, and affect improved, with reduced self-talk and irritability. At one-month follow-up, the score further reduced to 35, with complete resolution of self-laughing and self-talk, improved self-care, childcare involvement, and harmonious family relationships.

DISCUSSION

The diagnosis of Kaphaja Unmada with Vata Anubandha was based on predominant Kapha features— Rahapreethi(social isolation), Alpavak(poor social mingling), Alpaahara(reduced food intake), Alpachankramana(psychomotor retardation) and Souchavidwesha (poor self-hygiene)—along with Vata manifestations such as Asthanahasana(self-laugh), occasional self-talk and irritability.

Drakshadi Kashaya was given to address affective disturbances, irritability, and mood fluctuations while improving appetite. The combination of Sarpagandha, Shankhapushpi, and Gokshura Churna addressed irritability and psychotic features[9]. The Shankhapushpi –Vacha–Amaya Churna combination targeted negative symptoms such as poor self-care, social responsiveness and as a cognitive enhancer. Kalyanaka Ghrita, a classical Medhya formulation,

supported Tridosha pacification and helped reduce psychotic and affective disturbances[10]. Manasamitra Vatakam contributed additional Medhya and Tridosha-shamaka properties.[11]

Procedures were sequenced systematically. Sirolepa induced initial mental calmness and improved treatment compliance while pacifying aggravated Kapha Dosha, thereby reducing psychomotor slowing and emotional dullness. From the sixth day, Nasya and Anjana with Vilwadi Gulika were initiated after which improvement was noted in attention, concentration and insight. Takrapana corrected Manda Agni before Snehapana. Snehapana with Kalyanaka and Mahat Panchagavya Ghrita facilitated Kapha-Vata pacification. Abhyanga and Sweda promoted Dosha mobilization, followed by Virechana with Avipathi Churna for elimination and Srotoshodhana. Yogavasti addressed Vata imbalance at its principal seat (Pakvashaya), potentially influencing neuropsychological function through the gut–brain axis[12]. Kalka Nasya with Hingu, Vacha and Darvi eliminated residual Kapha, resulting in improved communication and emotional responsiveness. During the one-month follow-up period, Saraswatarista was administered to support cognitive function.[13]

CONCLUSION

This case report provides supportive clinical evidence for the therapeutic potential of Ayurvedic management including Sodhana, Medhya formulations and Kapha–Vata pacifying therapies in Schizophrenia with predominant negative symptoms. Further systematic researches are warranted for validation.

REFERENCES

1) Hegde PR, Nirisha LP, Basavarajappa C, Suhas S, Kumar CN, Benegal V, Rao GN, Varghese M, Gururaj G; NMHS National Collaborators Group. Schizophrenia spectrum disorders in India: A population-based study.IndianJPsychiatry.2023Dec;65(12):1223-1229. Doi.10.4103/indianjpsychiatry.indianjpsychiatry_836_23. Epub 2023 Dec 11. PMID: 38298877; PMCID: PMC10826875.
2) Andreasen NC. Negative symptoms in schizophrenia: definition and reliability. Arch Gen Psychiatry. 1982;39(7):784–788.
3) Kirkpatrick B, Fenton WS, Carpenter WT Jr, Marder SR. The NIMH-MATRICS consensus statement on negative symptoms. Schizophrenia Bulletin. 2006;32(2):214–219.
4) Fusar-Poli P, Papanastasiou E, Stahl D, et al. Treatments of negative symptoms in schizophrenia: meta-analysis of placebo-controlled trials. Schizophrenia Bulletin. 2015;41(4):892-899.
5) Nicy Wilson W, Prashasth MJ, Muralidhara. Understanding Unmada w.s.r to Schizophrenia.International Journal of Ayurveda and Pharma Research. 2017;5(12):73-77
6) Agnivesha. Charaka Samhita. Revised by Charaka and Dridhabala. Nidana Sthana, Chapter 7 (UnmadaNidana); Varanasi: Chaukhambha Orientalia; Reprinted
7) Vāgbha a. Ashtā gah dayam (with Uttarasthāna). In: Tripā hī B, editor. Ashtā gah dayam: Sanskrit text with English/Hindi commentary. Varanasi: Chaukhambha Sanskrit Series; 2012. pp. Uttarasthāna 6:12–13.
8) Agnivesha. Charaka Samhita. Revised by Charaka and Dridhabala. Chikitsa Sthana, Chapter 9(Unmada Chikitsa); Varanasi: Chaukhambha Orientalia; Reprinted
9) Vaishnavy PM, Satheesh.K, Aparna.P.M. Ayurvedic Management of Schizophreniform Disorder.AYUSHDHARA,2024;11(1):45-50 https://doi.org/10.47070/ayushdhara.v11i1.1488
10) Kavyashree Kulamarva et.al, Integrated Yoga and Ayurveda therapy for negative symptoms in schizophrenia: A case series highlighting safety and synergistic value of integrative and personalized healthcare,Journal of Ayurveda and Integrative Medicine,Volume 16, Issue 3,2025,10109ISSN 0975-9476, https://doi.org/10.1016/j.jaim.2024.101092.
11) Nishteswar K, Vidyanath R. Sahasrayogam (Text with English Translation). Varanasi: Chaukhambha Sanskrit Series Office; 2008.
12) Harshamali K.A.D.T, Tharangani W.A.S. Critical Review on Broad Spectrum Action of Vasti Karma–ALiteraryStudy.AYUSHDHARA,2023;10(Suppl4):7-17. https://doi.org/10.47070/ayushdhara.v10iSuppl4.1324
13) Prabhu J, Jayakumari S, Prabhu K, Kumar JA, Subramanian M, Kavimani. Saraswatarishta reverses neuronal injury in brain tissues of scopolamine-induced rat model. J Anat Soc India 2020;68:269-73.