

AYURVEDA AND MENTAL HEALTH: A HOLISTIC APPROACH IN INTEGRATING TRADITIONAL AND MODERN THERAPIES



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Abstract

Ayurveda, a traditional Indian healing system, offers a holistic approach to mental health by addressing mind, body, and spirit imbalances, unlike conventional psychiatry's symptom-focused treatments. This narrative review evaluates the efficacy and integrative potential of Ayurvedic interventions for disorders like anxiety, depression, schizophrenia, and insomnia. A literature search up to April 2025 across PubMed, Google Scholar, DOAJ, DHARA, and AYUSH Research Portal, using terms like "mental health" and "Ayurveda," or "Panchakarma" yielded initial 394 articles. After deduplication, removal of review articles, and screening of titles/abstracts, irrelevant records, 54 freely available full text articles were selected, of which 22 peer-reviewed studies (clinical trials, case reports) on interventions like Detoxification therapy (Panchakarma), Cognitive Rejuvenator (Medhya Rasayanas), and Psychocognitive behavioral therapy (Satvavajaya Chikitsa) were included for review, supplemented by Charak Samhita and reference lists. Data on study, interventions, and outcomes were extracted. Narrative synthesis revealed significant symptom relief in schizophrenia (Brahmyadi Yoga, Smriti Sagara Rasa), depression (Shirodhara, Virechana), and anxiety (Ashwagandha, Yoga), with case reports showing enhanced quality of life and reduced medication dependency when integrated with conventional therapies. Combining Ayurveda's holistic focus with modern psychiatry amplifies patient-centered outcomes, yet regulatory inconsistencies and limited large-scale trials hinder broader adoption. Ayurveda presents a complementary strategy, particularly in resource-scarce settings, but requires robust trials and standardized protocols to bridge evidential gaps and enhance global mental health integration.

Keywords: Anxiety, Ayurveda, Depression, Holistic, Integrative, Mental health, Schizophrenia

Introduction

Mental health disorders have emerged as a significant global health challenge in recent decades. In 2019, nearly 970 million people worldwide were affected by mental health conditions, with anxiety and depression being the most common disorders [1]. Alarming, studies suggest that almost half of the global population may experience a mental health disorder at some point in their lives [2]. In India, the National Mental Health Survey (NMHS) conducted in 2015-16 reported that 10.6% of adults over the age of 18 suffer from mental health disorders, with higher prevalence rates in urban metropolitan areas (13.5%) compared to rural regions (6.9%) [3]. Despite the growing prevalence, there remains a substantial treatment gap, particularly in low- and middle-income countries, where access to mental health care is often limited [4]. This gap not only affects individual well-being but also imposes significant economic burdens. The

World Health Organization (2016) estimates that India alone could lose up to USD 1.03 trillion in economic productivity between 2012 and 2030 due to mental health conditions [5]. In this context, Ayurveda, the traditional system of medicine from India, offers a promising holistic approach to mental health care. Rooted in principles of balancing the mind, body, and spirit, Ayurveda integrates herbal remedies, dietary regulations, yoga, meditation, and lifestyle modifications to address the root causes of mental health imbalances. This paper explores Ayurveda's potential to complement modern mental health care, focusing on its therapeutic strategies and the evidence supporting its effectiveness. Bridging Ayurvedic principles with contemporary practices may create a more accessible and effective mental health solution, especially in underserved regions.

Materials and Methods

This narrative review evaluates Ayurvedic interventions for mental health disorders, synthesizing clinical studies, case reports, and theoretical principles. Literature was searched up to April 2025 in PubMed, Scopus, Google Scholar, DOAJ, DHARA, and AYUSH Research Portal using keywords (“Ayurveda,” “Panchakarma,” “Medhya Rasayanas,” “mental health,” “anxiety,” “depression”) combined with Boolean operators. Manual searches of reference lists supplemented the process, yielding 394 articles.

Inclusion criteria comprised peer-reviewed studies or case reports in English, focusing on Ayurvedic interventions (Panchakarma, Yoga, Satvavajaya Chikitsa) for mental health conditions (anxiety, depression, schizophrenia), with detailed intervention and outcome data. Exclusions included non-Ayurvedic studies, non-mental health topics, or non-empirical articles. After removing duplicates, two reviewers screened titles/abstracts, excluding 340 irrelevant records. Full-text review of 54 articles resulted in 22 included studies (clinical studies, case reports). Discrepancies were resolved via discussion. Due to heterogeneous designs, narrative synthesis was done. No ethical approval was needed for this literature-based review; included studies were assumed ethically compliant. Total of 22 studies were analysed, highlighting Ayurvedic mental health applications.

Current Gaps in Addressing Mental Health Through Conventional Medicine

Despite significant advancements in conventional medicine, several gaps remain in addressing mental health effectively. These gaps exist at multiple levels, including accessibility, affordability, integration, and personalization of care. One of the most critical challenges is the treatment gap, which refers to the difference between those who need mental health care and those who receive it. In low- and middle-income countries (LMICs), up to 76–85% of people with severe mental health conditions receive no treatment at all [6]. Even in high-income nations, systemic barriers such as stigma, lack of mental health professionals, and inadequate funding contribute to limited access to care [7]. The integration of mental health services into primary healthcare systems remains inadequate. Many healthcare systems treat mental health as separate from physical health, resulting in fragmented care and missed opportunities for early intervention [8]. This lack of integration also overlooks the strong connection between mental and physical health, such as the impact of chronic illnesses on mental well-being. Additionally, conventional medicine often employs a one-size-fits-all approach, which may not be effective for diverse populations. Cultural, social,

and individual differences play a significant role in how mental health conditions manifest and are experienced. However, conventional models often fail to consider these factors, limiting their effectiveness in addressing unique needs [9]. Another significant issue is the over-reliance on pharmacological interventions in conventional medicine. While medications like antidepressants and antipsychotics are essential for managing symptoms, they often fail to address the root causes of mental health disorders. Furthermore, these medications may have side effects, leading to poor adherence and limited long-term effectiveness [10]. Lastly, mental health research remains underfunded compared to other health domains, limiting the development of innovative therapies and comprehensive care models. For instance, only a small fraction of global health funding is allocated to mental health, despite its significant contribution to the global burden of disease (GBD) [11].

Ayurveda perspective of Mental Health

Ayurveda, the ancient Indian system of medicine, offers a holistic framework for preserving and enhancing mental health. Its emphasis on the balance between the body, mind, and spirit provides an integrative approach that complements conventional mental health practices. Mental health as per Ayurveda is the result of the interaction of the inherent physical (Sharirika) and mental (Mansika) constitution (Prakriti) of the individual, affected by their diet, and lifestyle choices. Lifestyle here refers to all the activities, and thought processes followed by an individual including their daily regimen (Dinacharya), seasonal regimen (Ritucharya), and social activities (Sadvritha). Ayurveda comprehends that an individual's mental health is the conglomeration and resultant of all the above factors. The three doshas (Vata, Pitta and Kapha) have each got some psychological attributes, which may get affected by the imbalance of these doshas. Further the psychological constitution (Manas Prakriti) of an individual also affects their predisposition towards the development of mental ailments. Mansika Prakriti is based on the relative dominance of the three attributes (Gunas) i.e. Satva (the illuminator and intelligence), Raja (the performer and binder) and Tama (the obscurer and binder) as per Ayurveda is a sum total of a person's intelligence, emotional and social domains [12]. The Manas Prakriti can be of infinite types based on the permutations and combinations of these three Gunas [13]. However, sixteen broad types are explained in the classics based on the relative dominance of the three Gunas [12]. Further, our social circle, daily behaviours, thought practices along with sensorial inputs are also crucial as per Ayurveda in affecting the physical and mental health of the individual, which are intricately

interwoven and interlinked. There are a number of causes of mental health problems, of which the most unique point described by Acharya Charaka is “not having what you like, and not liking what you have” [14]. Similar to the multiple aetiology in the genesis of mental health issues, Ayurveda advocates multi-strategic approach for addressing these issues, incorporating changes in diet, drink, behaviour including very delicate components like thought process, sensorial inputs, company, worship, and daily regimen [14].

Comparative Analysis of Ayurvedic and Conventional Mental Health Interventions

The philosophical foundations, therapeutic modalities, and empirical support for Ayurvedic and conventional mental health interventions, are based on different principles. Understanding them will help underscore potential synergies while clarifying their distinct approaches.

Table 1: Comparative Analysis of Ayurvedic and Conventional Mental Health Interventions

Parameter	Ayurvedic Paradigm	Conventional Paradigm
Philosophical Basis	Integrates mind, body, and spirit; prioritizes individualized therapy based on dosha (Vata, Pitta, Kapha) imbalances.	Anchored in the biomedical model; targets neurochemical dysregulation (e.g., monoamine deficiencies).
Therapeutic Modalities	Employs phytotherapy (e.g., <i>Withania somnifera</i> , <i>Bacopa monnieri</i>), Panchakarma detoxification, yoga, meditative practices, and tailored nutritional and lifestyle regimens.	Utilizes pharmacotherapy (e.g., selective serotonin reuptake inhibitors, antipsychotics) and evidence-based psychotherapies (e.g., cognitive-behavioural therapy).
Empirical Foundation	Derived from traditional knowledge; limited by scarcity of large-scale randomized controlled trials (RCTs); emerging evidence for herbs like <i>Withania somnifera</i> (Lopresti et al, 2018)	Supported by robust RCTs and systematic reviews; guided by standardized protocols (e.g., NICE, APA) for disorders like major depressive disorder (NICE, 2025).
Therapeutic Objective	Promotes sustained equilibrium and prevention; addresses underlying imbalances through personalized interventions.	Focuses on symptom amelioration; employs standardized protocols for short- to medium-term outcomes.
Patient Engagement	Requires active participation in lifestyle and dietary modifications.	Involves adherence to prescribed regimens with minimal emphasis on lifestyle changes.

Ayurveda Interventions for the Preservation of Mental Health

Key Ayurvedic interventions include lifestyle modifications, dietary guidelines, and mind-body practices like yoga and meditation, herbal remedies.

- Dinacharya (Daily Routine) and Ritucharya (Seasonal Regimen):** Ayurveda emphasizes the importance of a structured daily routine (Dinacharya) and adapting to seasonal changes (Ritucharya) to maintain mental equilibrium. Practices such as waking up early, regular physical activity, and mindful eating are designed to stabilize the mind and reduce stress [17]. Following a healthy daily regimen also maintains the homeostasis in system physiology, which addresses the holistic physical and mental health [18].
- Achara Rasayana (Proper code of conduct as a physical and mental rejuvenator):** Individuals who follow a disciplined and virtuous lifestyle like maintaining emotional balance, avoiding anger, alcohol, and excessive

indulgence in sensual pleasures; refraining from violence and overexertion, cultivating a calm and pleasant demeanor; engaging in regular recitation of sacred chants (Japa) and uphold high standards of personal hygiene, stability, resilience, and a commitment to acts of charity and spiritual discipline (Tapas), contribute to their well-being imparting the benefits of rejuvenation therapy (Rasayana). Such people demonstrate deep respect for deities, teachers, elders, and spiritual mentors while avoiding unethical or harmful behaviour. Their daily routine is marked by compassion, a well-regulated sleep-wake cycle, and the consumption of nourishing foods such as milk and ghee. They are mindful of their surroundings and make decisions based on reason and appropriateness to time and place. They remain humble, uphold good moral conduct, and maintain an open-minded approach to spiritual and philosophical knowledge. With sharp and well-functioning senses, they show reverence for elders,

practitioners of Vedic traditions (Āstikas), and those who practice self-discipline. Regular study of sacred texts strengthens their understanding of life and well-being. By embodying these qualities, such individuals fully experience the rejuvenating effects of Rasayana therapy as described in Ayurvedic texts [19].

3. **Herbal Remedies (Medhya Rasayanas):** Ayurveda identifies specific herbs, known as Medhya Rasayanas, that enhance cognitive function and mental well-being. Examples include Brahmi (*Bacopa Monnieri*), Mulethi (*Glycyrrhiza Glabra*), Ashwagandha (*Withania Somnifera*), Shankhpushpi (*Convolvulus Pluricaulis*), Mandookaparni (*Centella Asiatica*) and Guduchi (*Tinospora Cordifolia*). These herbs are known for their adaptogenic, anxiolytic, and neuroprotective properties, which can help in managing stress, anxiety, and depression [20].
4. **Meditation and Pranayama:** Mindfulness practices, including meditation and Pranayama (controlled breathing techniques), are integral to Ayurveda. These practices help regulate the autonomic nervous system, reduce cortisol levels, and improve emotional resilience. Regular practice of Pranayama, such as Nadi Shodhana and Bhramari, is particularly effective in calming the mind [21].
5. **Yoga and Physical Activity:** Yoga, a sister discipline of Ayurveda, is highly recommended for mental health preservation. Specific asanas, such as Shavasana (corpse pose) and Balasana (child's pose), are known to promote relaxation and reduce stress. Yoga has been shown to improve mood, reduce symptoms of anxiety and depression, and enhance overall quality of life [22].
6. **Sattvic Diet:** Ayurveda advocates a Sattvic diet (fresh, calming, nourishing, balanced diet), which consists of freshly prepared, light, and easily digestible foods, to promote mental clarity and calmness. Foods such as whole grains, fruits, vegetables, and dairy are recommended, while Tamasic (heavy, processed) and Rajasic (spicy, stimulating) foods are discouraged. A Sattvic diet is believed to support a balanced state of mind [23].
7. **Manas Shuddhi (Mental Purification):** Ayurveda recognizes the role of emotional and mental detoxification in maintaining mental health. Ayurveda recommends the practice of

Sadvritta (good conduct) like being in the company of good, experienced people, listen to good things, read good books, staying positive etc. for mental purification, remove negative emotions and cultivate mental clarity [24]. As per Ayurveda it is advocated to keep a check on all sensorial inputs which continuously feeds the mind, and our actions (Asatmyendriyārtha Sanyoga) as well, because this is the first and the foremost cause for all ailments. Coupled with the second cause of all ailments i.e volitional transgression (Pragyaparadha), the pathology producing effect is compounded. In current parlance it is observed that majority of the society is continuously involved in devouring through the senses by the usage of internet, mobiles, television, and simultaneously are also indulging in the excess usage of our motor organs (actions) to achieve success, name, fame, money etc. Both of these not only violate the above two principles of Ayurveda, but also led to derangement in the daily and seasonal regimen, family and social life, which is deranging the physical as well as mental health due to their ill effects. Hence, Ayurveda advocates for the avoidance of Asatmyendriyārtha Sanyoga, and Pragyaparadha in short as the first and foremost principle of disease prevention [14].

8. **Panchakarma (Detoxification Therapy):** Panchakarma therapies of regular Shodhana (bio purification) with Vamana (therapeutic emesis), Virechana (therapeutic purgation), Vasti (medicated enema), Nasya (nasal drug administration), and Rakta Mokshana (blood letting) help in detoxifying the body, maintaining the homeostasis of the doshas and resultant physical and mental health. Other therapeutic procedures like Shirodhara (pouring warm oil on the forehead) and Abhyanga (oil massage), are also particularly beneficial for reducing stress, improving sleep quality, and enhancing emotional well-being [25].

Role of Ayurveda Interventions in the Management of Mental Health Disorders

Ayurveda provides a holistic and individualized approach to managing mental health disorders. Its interventions focus on addressing the root causes of mental health conditions, promoting harmony among the body, mind, and spirit. The comprehensive methodology integrates herbal formulations, detoxification therapies, lifestyle modifications, and mind-body practices, which have shown promise in managing conditions such as anxiety, depression, and insomnia.

1. **Medhya Rasayanas (Cognitive Enhancers):** Ashwagandha (*Withania Somnifera*) is one such herb known for its adaptogenic properties, which reduce stress and anxiety. A case report documented a 42-year-old female with generalized anxiety disorder who experienced significant improvement in symptoms after 12 weeks of Ashwagandha supplementation, alongside lifestyle modifications [26]. Apart from the above and other Medhya drugs, other drugs like Hingu (*Ferula Asafoetida*) [27,28], Vacha (*Acorus Calamus*) [29], Jyotishmati (*Celastrus Paniculatus*) [30,31] are some other single herbs especially useful for mental disorders. Apart from these, several herbal and herbo-mineral formulations like Mansa Mitra Vatakam, Bramhi Vati, Shankhapushpi syrup, Smriti Sagar Rasa, Kushmanda Rasayana, Bramha Rasayana, Saravatarishta, Bramhi Ghrita, Sarasvata Ghrita, Anu Taila, Jyotishmati Taila, Kalayanaka Ghrita, Mahakalyanak Ghrita, Paishachika Ghrita, Mahapaishachika Ghrita, Hingvadi Ghrita, Panchagavya Ghrita, Tiktaka Ghrita, Mahatiktaka Ghrita, Jeevaniya Ghrita, etc., with indications in various mental health problems are used clinically in patients with good clinical outcomes [19,32, 33].
2. **Panchakarma (Detoxification Therapy):** Panchakarma therapies, such as Vamana (therapeutic emesis), Virechana (therapeutic purgation), and Basti (medicated enemas), are used to remove toxins (Ama) from the body. These therapies have shown efficacy in reducing symptoms of depression and anxiety. For instance, a 50-year-old male diagnosed with major depressive disorder underwent Panchakarma treatment, including Virechana and Nasya (nasal administration of drugs). The patient reported significant improvement in mood and energy levels after four weeks of therapy [25]. Shirodhara, which involves pouring warm medicated oil on the forehead, calms the nervous system and induces relaxation. A case study of a 35-year-old male with chronic insomnia showed improved sleep patterns and reduced stress after 14 sessions of Shirodhara using Brahmi oil (*Bacopa Monnieri*) [35]. Apart from the above, other Panchakarma therapies, like Abhyanga (oil massage), Pradeha (application of thick ointment), Utsadana (anointment), Dhuma (fumigation), Anjana (drug application in the eye), Nasya (nasal instillation of medicines: powders, liquids, oils) are used to detoxify the body and calm the mind [19]. These therapies are particularly beneficial for reducing stress, improving sleep quality, and enhancing emotional well-being [25].
3. **Yoga and Pranayama (Breathing Techniques):** Mind-body practices like yoga and Pranayama are integral to Ayurveda. Regular practice has been shown to improve mental health outcomes by reducing cortisol levels and improving autonomic regulation. A case study involving a 28-year-old female with postpartum depression highlighted significant symptom relief after incorporating yoga and Nadi Shodhana Pranayama into her daily routine for three months [21].
4. **Sattvic Diet and Lifestyle:** Ayurveda advocates a Sattvic (Satva promoting) diet, emphasizing fresh, wholesome, and plant-based foods, which promote mental clarity. A case report of a 40-year-old male with bipolar disorder noted a reduction in manic episodes after following a Sattvic diet and avoiding Rajasic (stimulating) foods, combined with herbal supplements like Shankhapushpi (*Convolvulus Pluricaulis*) [23].
5. **Prayers and Mantra Chikitsa (Daivavyapashraya Chikitsa):** Ayurveda advocates for daily worshipping twice at dawn and dusk and also the usage of Mantras (hymns), Mani (gems), Homa (fire offering/yajna), Mangala (performing auspicious ceremony), Bali (oblations), Upahara (offering), Niyama (religious observance), Prayashchita (atonement), Upavasa (fasting), Svastyayana (chanting of auspicious hymns), Pranipata (surrendering to god), and Yatragamana (going to pilgrimage), etc., as a part of divine treatment, which may be conjoined to the routine interventions, for non-responding cases or as required [34,35].
6. **Satvavajaya Chikitsa (Psychotherapy):** Satvavajaya Chikitsa refers to practices which help a person be victorious over their own self and mind. This can be done by self or with the support of others by including methods such as counselling, assurance, pleasant talks by friends and well-wishers, following the practices of Yama [do's for self and social restraints for harmonious society including Ahinsa (non-violence), Satya (truth), Asteya (not stealing), Bramhacharya (having control over one's desire/celebrity), Kshama (forgiveness), Dhruti (courage/mental restraint), Daya (compassion), Arjava (honesty), Mitahara (eating in moderation), Shaucha (cleanliness/purity)], and Niyama [do's for personal discipline including Shaucha, Santosha (contentment), Tapa (perseverance), Swadhyaya (self-study/introspection), Ishwara Pranidhana (remembering God/surrendering to God)]. This

also included practices of compensating or replacing for the crucial serious life event which might have triggered the mental disorder. Further, it also involves inducing antagonistic emotion in a person suffering from a mental ailment as a treatment measure like anger by love, greed by content, joy for grief, fear by heroism, jealousy by affection, etc., and vice versa [36].

7. **Trasana/Tadana Chikitsa (Shock Therapy or Treatment by Physical and Mental Maltreatment):** Among the multifaceted aspects of treatment described classically, one form of therapy described for non-responsive cases is producing shock which could be done by some surprise or by using some unharmed form of controlled maltreatment like physical restraint or enclosing in dark confined space, or instilling a fear of some wild animal or of any punishment, or producing itching by anointment with Kapikachchu (*Mucuna Pruriens*) or anointing with oil and placing in the sun, etc., which was to be decided as per the specific need and cause of mental disorder in the patient. Such kind of triggers stimulated or arrested the senses and the mind to bring it back to normalcy from the deranged state.

Evidence from Case Reports and Clinical Studies

Ayurveda interventions have been successfully used in clinical practice with success in managing a variety of mental health conditions, as reflected from the following clinical reports

- a. Mahal AS et al. (1976). Brahmyadi Yoga was found to be more effective than Tagara and placebo in reducing the mental symptoms in cases of schizophrenia, but less effective than chlorpromazine in a 2-month duration, in a double-blind randomized controlled trial (n=27 in each group) [37].
- b. Ramu MG et al. (1983). Brahmyadi Yoga administered for 3 months in a dosage of 8–16 grams was found to be effective in managing the symptoms of chronic schizophrenia [38].
- c. Dash SC et al. (1983). A polyherbal decoction comprising 5 drugs, that is Shankhapushpi, Jatamansi, Brahmi, Ashwagandha, and Vacha in the dosage of 25 ml BD for 6 weeks showed potential improvement in Psychotic Symptom Grading Scale (n=16), without any adverse events [39].
- d. Ramu MG et al. (1992). The study showed equivalent results in the Ayurveda treatment group comprising of Panchakarma and palliative drugs to the modern interventions group (n=18 each, trial 28 days) [40].
- e. Tripathi JS et al. (1993). Smriti Sagara Rasa, a herbomineral compound administered for 3 months in the dose of 250 mg TDS was found to moderately effective in the cases (n=27) of residual schizophrenia [41].
- f. Chaudhari O et al. (2002). Unmada Gajakesari Rasa for 3 months duration showed sustained relief in the management of negative symptom score and total score of PANSS in schizophrenia, while showing no significant impact on positive symptoms [42].
- g. Rao BCS et al. (2011). Brahmyadi Yoga 500 mg given thrice was useful in the cases of schizophrenia [43].
- h. Gannon JM et al. (2019). Significant improvement was found in the trial group of schizophrenia in the Ashwagandha extract group in the symptoms of anxiety and depression [44].
- i. Gupta K et al. (2016). Ayurveda interventions comprising of Panchakarma and polyherbal drug provided significant relief in two cases of undifferentiated schizophrenia [45].
- j. Pillai CC et al. (2018). A 57-year-old married male presenting with generalized anxiety disorder when treated with Brahmi Ghrita Nasya and Ksheerabala Taila Abhyanga followed by hot water bath for 7 days, and thereafter administered with Saraswatha Choorna for 21 days, showed significant improvement [35].
- k. Acharya R et al. (2019). A 33-year-old male with obsessive-compulsive disorder (OCD) achieved significant improvement after receiving Ayurvedic therapies, including Nasya with Brahmi oil and meditation, for eight weeks [46].
- l. Patil R et al. (2021). A case study of a 45-year-old female with chronic stress and mild depression reported enhanced quality of life after undergoing Abhyanga (oil massage) and regular use of Guduchi (*Tinospora Cordifolia*) [47].
- m. Tubaki BR et al. (2021). A 52-year-old female patient diagnosed with major depressive disorder on allopathic medication since treated with Snehapana, Sarvanga Abhyanga, Snigda Virechana, Shirodhara, Shiropichu for 13 days along with oral medication (Maha Kalyanaka Ghrita, Sarasvata Churna, Manas Mitra Vatakam, Sarasvatarishta, Unmada Gaja Kesari Rasa, etc.) and Satvavajaya Chikitsa for 269 days reported significant relief in the clinical symptomatology and HDRS score [48].
- n. Goyal P et al. (2022). A 16-year-old female patient diagnosed with depression treated with Panchakarma including Snehana, Swedana, Shirodhara along with Shamana Chikitsa, Satvavajaya Chikitsa, and Yoga Chikitsa for a

- total duration of 14 days reported significant relief clinically, HDRS, and insomnia severity index [49].
- o. Thasni M et al. (2022). A 42-year-old married female presenting with moderate depressive disorder was treated successfully with Ayurveda interventions of Vamana, Virechana, and Vasti using drugs like (Sahacharadi Sevy, Dhattrayadi Ghrita, Avipatthi Churna, Shankhapushpi, Sarpagandha, Gokshura, Manas Mitra Vatakama, etc.) [50].
 - p. Karuvanthodi P et al. (2023). A 54-year-old male presenting with complaints of insomnia induced by withdrawal of anxiolytic withdrawal was managed with Panchakarma including Sadyovirechana, Shirodhara, Snehapana, and Virechana over a period of 21 days reported significant relief [51].
 - q. Naik K et al. (2023). A 34-year-old male patient diagnosed to be suffering from major depressive disorder was managed with Panchakarma including Snehapana, Shirodhara, Nasya, Vamana, Virechana, Vasti, and internal medications (Kalyanaka Ghrita, Ashwagandha Churna, Yashtimadhu Churna, Bramhi Vati, etc.) for a period of 21 days with significant relief [52].
 - r. Peethambaran ST et al. (2023). A 22-year-old male diagnosed with generalized anxiety disorder-induced insomnia was treated with Panchakarma including Snehana, Shiropichu, Virechana, Shirodhara, Nasya, and palliative care (Manas Mitra Vatakam, Kalyanaka Ghrita, Sarasvatarishta, Ashwagandha, etc.) with significant relief [53].
 - s. Ragitha K et al. (2023). A 31-year-old female with schizoaffective disorder from 3 years obtained significant relief with Ayurveda interventions by Shodhana, Shamana, and Yoga practices [54].
 - t. Singh A (2023). A 19-year-old girl presenting with generalized anxiety disorder on allopathic medications was treated successfully over a 135-day period with Ayurveda interventions comprising of initial 15 days of Nasya and Shirodhara, followed by Shiro Abhyanga, Padabhyanga, and Yogasana, and palliative drugs (Kushmanda Ghrita, Manas Mitra Vatakam, Sarasvatarishta, Ashwagandharishta) [55].
 - u. Sreeju MP et al. (2023). A case report of a 38-year-old female suffering from schizophrenia since 3 years on allopathic medication documents significant relief after treatment with Ayurveda Panchakarma and palliative care using Snehana, Virechana, Nasya, Vasti, Abhyanga, and Swedana along with medicines (Mahapanchagavya Ghrita, Kalyanaka Ghrita, Avipatthi Churna, etc.) [56].
 - v. Gautam A et al. (2024). A 23-year-old male patient diagnosed with depression was managed with Panchakarma including Sarvanga Snehana, Shirodhara along with Shamana Chikitsa, which significantly clinically improved the patient's condition, and Hamilton Depression Rating Scale (HDRS) [57].

Integrated Approach in Addressing Mental Health: Combining Ayurveda and Conventional Medicine

Ayurveda can complement modern psychiatric treatments, offering personalized care that addresses the physical, emotional, and spiritual aspects of mental health. By incorporating Ayurvedic interventions alongside pharmacological and psychotherapeutic approaches, patients may experience enhanced outcomes and improved overall well-being. An integrated approach that combines Ayurveda with conventional medicine offers a promising pathway to address mental health disorders comprehensively. While conventional medicine focuses on symptom management through pharmacological and psychotherapeutic interventions, Ayurveda emphasizes holistic well-being by addressing the root causes of mental imbalances.

Case reports and research studies highlight the synergistic benefits of this integrative approach. For instance, a study on patients with generalized anxiety disorder showed significant improvement when Ayurvedic therapies, such as Ashwagandha (*Withania Somnifera*) and Shirodhara (therapeutic oil/decoction flow therapy over the forehead), were combined with selective serotonin reuptake inhibitors (SSRIs), resulting in enhanced anxiety reduction and improved quality of life compared to conventional treatment alone [26]. Similarly, a case report involving a patient with major depressive disorder demonstrated marked symptom alleviation through the integration of Panchakarma detoxification, yoga, and antidepressant medication, highlighting the complementary role of Ayurvedic therapies in reducing medication dependency and side effects [25]. Though very few, these studies reflect that by addressing physical, mental, and spiritual health, this integrative approach not only improves clinical outcomes but also fosters long-term resilience and well-being.

Challenges, Limitations and Way forward in Integrating Ayurveda with Contemporary Psychiatry

Ayurveda offers a complementary framework for mental health management, but its integration with modern psychiatric practices is hindered by

regulatory, standardization, and evidential challenges. These barriers are explored below, supported by scientific rationale and references.

1. Regulatory Challenges

Ayurvedic interventions, including herbal preparations and detoxification therapies, face inconsistent regulatory oversight globally. Often classified as dietary supplements rather than pharmaceuticals, these products undergo less stringent evaluation of quality, safety, and efficacy [58]. This variability raises concerns about product consistency, potential contamination (e.g., heavy metals), and adverse interactions with psychotropic medications. Integration requires harmonized regulatory standards to ensure safety and compatibility with conventional therapies, like the risks of heavy metal contamination flagged by U.S. Food and Drug Administration in certain Ayurvedic formulations, highlighting the need for robust quality assurance [59]. This challenge requires the need of proper drug standardization through sustainable, eco friendly organic cultivation practices, harboured with good manufacturing practices and regulatory compliances to the laws of the land.

2. Standardization Difficulties

Ayurveda's individualized, dosha-based approach complicates standardization, which is essential for clinical research and integration with modern psychiatry. Unlike conventional interventions with uniform dosing, Ayurvedic treatments vary in formulation, dosage, and administration, impeding reproducibility and cross-study comparisons [60]. For example, the efficacy of Bacopa Monnieri may depend on extract composition, dosage, and patient-specific dosha profiles, challenging the establishment of universal protocols. This standardization challenge requires the need for developing standardized Ayurvedic preparations and treatment algorithms for specific psychiatric conditions, validated through multi-center clinical trials.

3. Requirement for Robust Clinical Trials

Preliminary studies indicate potential benefits of Ayurvedic modalities, such as Withania Somnifera for anxiety or yoga for depression, but the evidence base is limited by small sample sizes, lack of placebo controls, and short follow-up periods [61]. In contrast, conventional interventions like SSRIs are substantiated by large-scale RCTs and longitudinal data. The scarcity of rigorous clinical trials for Ayurvedic interventions restricts their acceptance in evidence-based psychiatry and hinders

integration. This necessitates the need for large-scale, double-blind, placebo-controlled trials to evaluate the efficacy and safety of Ayurvedic interventions for specific mental health conditions, such as generalized anxiety disorder or major depressive disorder. Further, it is also imperative to investigate integrative models where Ayurvedic practices (e.g., yoga, meditation) complement conventional therapies, leveraging their preventive and holistic attributes.

4. Sociocultural and Educational Barriers

Adopting Ayurveda in modern psychiatric practice is impeded by cultural skepticism and knowledge gaps among healthcare professionals. Many psychiatrists lack training in Ayurvedic principles, and patients may hesitate to embrace unfamiliar interventions due to cultural or informational barriers [62]. Addressing these challenges requires interdisciplinary education and public awareness initiatives to promote the benefits and risks of integrative mental health care, and also to foster collaborative frameworks between Ayurvedic practitioners and psychiatrists to develop evidence-based integrative care models [63].

Conclusion

In conclusion, integrating Ayurvedic practices with conventional mental health care can provide a more comprehensive, personalized, and holistic approach to mental health management. By addressing the root causes of mental health disorders, Ayurveda offers potential solutions that can complement pharmacological treatments and psychotherapy, ultimately leading to better patient outcomes. Future research and clinical trials are needed to further explore the benefits of this integrated approach, ensuring that it becomes a viable option for improving mental health care globally. However, addressing regulatory inconsistencies, standardizing interventions, conducting rigorous clinical trials, and overcoming sociocultural barriers are essential for successful integration, and developing a scientifically robust perspective on Ayurveda's role in mental health management.

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