



Review Article

A HOLISTIC APPROACH TO MENTAL HEALTH: ADDRESSING DEPRESSION

Deepti Sharma^{1*}, Abhishek Uniyal¹, Jaibheem²

¹PG Scholar, ²Associate Professor, Department of Kriya Sharir, Patanjali Bhartiya Ayurvedigyan Evam Anusandhan Sansthan, Haridwar, India.

Article info

Article History:

Received: 12-03-2025

Accepted: 11-04-2025

Published: 20-05-2025

KEYWORDS:

Depression,
Vishada, Avsada,
Manas roga.

ABSTRACT

Ayurveda, the ancient traditional Indian system of medicine, provides a holistic approach to mental health and wellness. The current form of Ayurvedic Psychiatry today consists of *Ayurvediya Manas Roga Vigyana*, which deals with a wide range of treatment of psychological disorders. Depression is a frequent mental health condition that leads to a persistently low mood or loss of pleasure or lack of interest in daily activities for a long period. The WHO estimates that 350 million individuals worldwide suffer from depression. In Ayurveda, two disorders that closely resemble depression are *Vishada* and *Avsada*. People today are restless and have varied degrees of anxiety disorders due to modern lifestyle and eating habits, overwhelming pressure to reach goals in less time, and unhealthy social lives. *Acharya Charak* asserts that deliberate disobedience is the cause of all psychological issues and illness. Emotions that humans experience include jealousy, misery, fright, rage, selfishness, hatred, and others. *Pragya Apradha* is the cause of all psychiatric diseases. For dealing with Anxiety and Depression, there are many ways mentioned in our classics, such as *Medhya Rasayana*, *Dhyan*, *Yog Dincharya*, *Ratricharya*, *Acharya Rasayan*, and *Panchakarma* procedures like *Shirodhara*, *Abhyanga*, etc.

INTRODUCTION

समदोषः समाग्निश्च समधातु मलक्रियाः।
प्रसन्नात्मेन्द्रियमनाः स्वस्थः इत्यभिधीयते ॥

One who has balanced *Doshas*, stable *Agni*, and balanced metabolic processes; whose psyche and senses are peaceful, is said to be in a state of health".^[1] In its holistic approach, Ayurveda gives prime importance to positive mental health. *Vishada* and *Avsada* are two conditions that are closely similar to depression in the form of mental health. In his commentary, the renowned Ayurvedic Acharya *Charak* mentions "*Vishado Rogavardhanam*"^[2] implying that *Vishada* is the primary cause of the disease's worsening state. This is Ayurveda's first mental health principle. *Charak Samhita* mentions "*Vishada*" as one of the *Vataja Nanatmaj Vikaras*".^[3]

Sushruta has mentioned it under the *Mano Vikaras* (mental diseases). Further, he mentioned that *Vishada* is common among the *Tamasika Manas Prakriti* people. Whereas *Vagabhata* has stated that a person with predominant *Tamasa guna* is more prone to suffer from *Vishada*. In Ayurvedic classics, there is no direct reference to depression, but it can be correlated with *Kaphaja Unmad*, and also, we can correlate it with depression.^[4] Emotions are basic feelings of human life. But when people's emotions, thoughts, or behaviour frequently trouble them or disrupt their day-to-day activities and those around them, they may be suffering from mental illness. It's natural to feel down sometimes, but if that low mood persists day after day, it could be a signal of depression. Anxiety is an emotional condition described by unpleasant inner turmoil that is frequently accompanied by tense behaviour, restlessness, and worry over a specific or vague threat in the future. Stress, Anxiety, and Depression in today's era are seen in people due to changing lifestyle, technological advancements. Excessive urbanization in the 21st century has given rise to the feeling of competition, workload, and this situation produces

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v12i2.2053>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

anxiety and depression. According to the WHO 2019 report, an estimated 970 million of the population globally were living with anxiety and Depression. Our mind controls our body. Mind-body relationship and its significance in Ayurveda can be illustrated by several fundamental principles such as the psychological concept of evolution of the universe, concept of *Purush*, *Prakruti* (*Deha Prakruti* as well as *Manas Prakruti*), and identification of psychosomatic factors in causation and presentation of several diseases.

AIM & OBJECTIVE

- Comprehend the concept of *Manas* and *Manas Roga*.
- Explore the relationship between *Manas* and *Sharir*.
- Review of various classical texts regarding *Manas* and *Manas roga* to address depression.

MATERIAL AND METHODS

A review of the literature regarding *Manas Roga* in respect of depression, various ancient texts, contemporary research papers, including updates on recent clinical studies, etc., was studied and evaluated.

OBSERVATIONS AND RESULTS

Etiology

Depression is termed as *Vishada* by Ayurveda. Depression is known to affect a significant percentage of the population. It can affect practically the entire physical, mental, and social well-being of an individual. It can afflict all age groups. Depression has a multifactorial aetiology arising from environmental, psychological, genetic, and biological factors. Researchers over the past decade have clarified that depression is linked with neurotransmitter imbalances, deregulated inflammatory pathways, the hypothalamic-pituitary-adrenal axis disturbances, increased oxidative and nitrosative damage, neuroprogression, and mitochondrial disturbance.

Pathophysiology of Depression

Many research works have been done on animals and humans to identify several abnormalities that have played a major role in the pathogenesis of depression. The main findings which interact closely are genes, psychological stress (like low social support, marital problems, divorce, childhood abuse etc), decreased level of monoamine (serotonin and noradrenaline) neurotransmission, low brain derived Neurotrophic factor (BDNF) concentrations, altered stress hormone secretion, raised cytokines, deregulation of the HPA axis, cortical and sub cortical functional, structural changes in the brain particularly in the hippocampus and prefrontal cortex are due to abnormalities in neuroplasticity rather

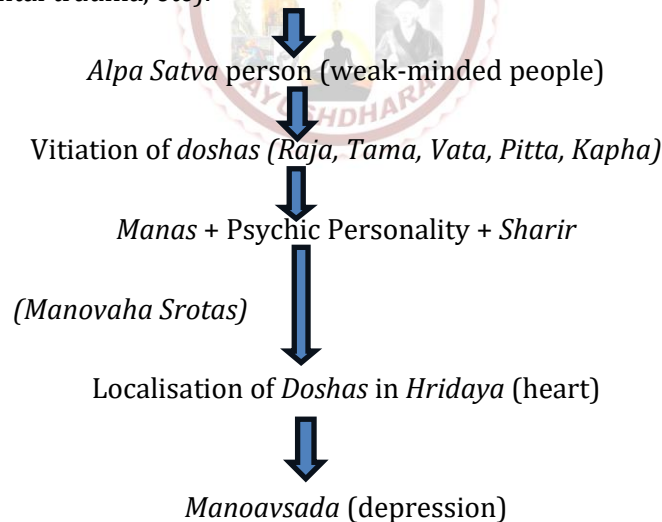
neurodegeneration. Raised concentration of circulating cortisol triggers brain receptors, stimulating gene transcription and protein synthesis. Although this may have a good effect in the short term by enabling the brain to endure with a smaller amount of stress, but constant hyper corticolimbic in chronic stress can disturb voltage-gated ion channels, allowing increased calcium access into the activated neurons and causing neuronal damage. Interceding part of monoamines (serotonin and noradrenaline) is, top of the serotonergic, nonandrogenic, and dopaminergic neurons are located in the midbrain and the brainstem centres and road map to big areas of the brain This devastation recommends that the monoaminergic network is concerned in the control of a wide range of brain functions, counting temperament, consideration, rest, craving, and cognition more or less every amalgam that inhibits monoamine reuptake, leading to an elevated position of monoamines in the synaptic cleft has been proven to be a clinically effective antidepressant. [5] Inhibiting the enzyme monoamine oxidase, which promotes an elevated accessibility of monoamines in presynaptic neurons, also has an antidepressant outcome. Due to stress, emotions, and the capability to take a decision is hindered. Stress and HPA axis play a crucial role in the pathogenesis of depression, given the multiple systems involved (neuroanatomical, neurochemical and immunological), insults other than the effects of stress hormones, cortisol and CRH also need to be considered [6]. There's concurrent data for CRH to play a major part in the pathogenesis of depression. The level of CRH in the cerebrospinal fluid is elevated in some depressed subjects [7]. Postmortem examination detailed an intensified number of CRH-concealing neurons in Limbic brain regions in depression [8], likely reflecting a compensatory reaction to expanded CRH concentrations [9]. In addition, CRH produces several physiological and behavioural alterations that resemble the symptoms of major depression, including poor appetite, disrupted sleep, decreased libido, and psychomotor alterations.

Psychology in Ayurveda

People in *Satyuga* were pious like gods, divine as saints, and they followed dharma (ethics), yajna (worship) as per rules. They were devoid of anger, grief, envy, fear, laziness, greed, mental diseases, abnormal sleep and tendency to collect things [10]. Some rich people at the end of *Satyuga*, due to over-indulgence, got heaviness in their bodies, which led to Fatigue. Fatigue gave rise to laziness and accumulation. These all factors resulted in greed [10]. *Tretayuga* (Ages of Mankind): Greed gave rise to malice, which in turn gave rise to false assertions, passion, rage, vanity, hate, cruelty, inflicting damage, fear, sadness, grief, concern,

anxiety, depression, and a host of other mental disorders^[10]. *Acharya Charaka* also said that the causes of psychological disorders are due to the wrong use of mind. "Thinking" is an object of mind. Thus, the wrong use of mind creates abnormal mental conditions. The right use of mind creates mental stability,^[11] i.e., if mind or mental faculties are properly utilised, this is conducive to the maintenance of the normal mental conditions, if not, then an abnormal condition prevails. There are six psychological conditions called *Shad – Ripu* (six antagonists), which are accounted as the main causes of psychological disturbances^[12]. They are – *Kama* (wrong or right desires) – the word '*Kama*' is primarily used for sexual desire but its real meaning is all types of desires, *Krodha* (anger), *Lobha* (greed), *Moha* (attachment), *Mada* (ego or arrogance), *Matsa* (jealousy, envy etc). Out of the above six, *Kama* or desire and non-fulfilment of desire is the superlative and most important factor of *Mano – Rogas*. *Acharya Charaka* says in *Sharir Sthana* chapter one "*Upadha* (adjurations)" is the main etiological factor to produce pain (physical and psychological complication/disruption) to the body. Avoidance of all types of *Upadha* (desires) removes all kinds of physical and mental disturbance. Thus, the root cause of majority of mental and physical diseases is non-fulfilment of one's ***Samprapti (Pathogenesis) of Depression***^[19]

Etiological factors (like food with incompatible, contaminated, and unclean properties, possession by spirits like gods, teachers, mental trauma, etc).



Depression and Sharirik Dosh

Ayurveda, state that each disease has a prevalence of any of the humors. Most of the cardinal features of depression are due to vitiation of *Vata*, the humor which governs all movements of mind and body. Among the five types of *Vata*, *Prana Vata* is the motivator and controller of *Manas*^[20]. It has the property of *Buddhiharan* (retaining intellect). The impairment in the frontal lobe in depression leads to a lack of self-control, distractibility, a lack of initiation, a

desires^[13], ghosts etc. which enters in the body and produce mental disorders like *Dev Unmada* (psychological disturbances caused by entering of God), *Bhoot Unmada* (due to ghost) etc. *Acharya Punarvasu Atreya* accounted *Pragyapradha* (intellectual profanation) as the causative factor of such other dire conditioning. The Gods, ascetics, etc, cause psychological disturbances to the person^[14]. Ayurveda recognizes three physical humours or *Doshas* (*Vata*, *Pitta*, and *Kapha*) as well as three mental humors (*Sattva*, *Rajas*, *Tamas*). The *Acharya Charaka* describes the *Gunas* as *Tamas* (inertia, darkness), *Rajas* (momentum, desire), *Satva* (peace, balance, steady)^[15]. *Charaka* considered the prominence or imbalance of the first two humors (i.e. *Raja* and *Tama*) as the cause of several psychological disorders, while *Satva* is the natural state of a stable mind. Consciousness flows through the mind, which is considered as a *Srotas* (channel). The mind originates from the heart and flows in the body and the five sense organs (eyes, ears, nose, tongue, skin)^[16]. Ayurveda describes the concept *Manas Prakruti* (unique personality) through the language of the five elements and the three *Gunas*^[17]. Classically, mental imbalances or *Manasvikruti* are caused by three bodily humors (*Vata*, *Pitta*, *Kapha*) and two mental humors (*Rajas* and *Tamas*)^[18].

lack of memory, and improper perception. Thus, the intellect, retention and memory are impaired to cause psychological disturbances. Another property of *Prana Vata* is *Manodharana* (control of intellect). Along these lines, when mental, energetic and motor conditioning are impacted, additionally there will be vitiation of amusingness. *Udana Vata*, which is profitable in imperativeness, memory, and bolster, is as well able for the solidification of the clutter. In smooth and

coordinate hopelessness, when there's fume, uneasiness, and incident of weight, the work of *Vata* can be clarified. Few indications are watched due to *Kapha*, the amusingness which support and greases up the body and mind.

Doshic predominance of symptoms

Symptoms of depression [21]	Dosha
Sadness of mood	<i>Vata</i>
Lack of pleasure	<i>Kapha</i>
Sleep disturbances	<i>Vata</i>
Appetite changes	<i>Vata</i>
Easy fatigability	<i>Vata</i>
Psychomotor retardation	<i>Kapha</i>
Guilty feeling	<i>Vata</i>
Poor concentration	<i>Vata</i>
Suicidal ideation	<i>Vata</i>

Management of Depression

Ayurveda treats every ailment with its holistic approach, and so does depression. *Charaka* described the general line of treatment for all mental disorders as “*Manaso Gyana Vigyana Dhairya Smriti Samadhibhihi*,” which means the psychological *Doshas*– *Tamasa* and *Rajas* are balanced by spiritual knowledge, Patience, memory, meditation^[22]. Thus, *Acharya Charaka* advised psychotherapy to get rid of *Vishada*. The general principles in Ayurvedic management of depression should be as follows: Pharmacological and non-pharmacological treatments are equally important for treating the mental disorders.

Non-Pharmacological Management

Non-pharmacological management of depression is as follows:

Daivavyapashrya Chikitsa (Spiritual Therapy) ^[23]

It includes incantation of *Mantras*, *Aushada* (medicines), *Manimangala* (wearing of gems and root), *Bali* (offering), *Uphara* (gift), *Homa*, *Niyama*, *Prayaschita* (atonement), *Upavasa* (fasting), *Pranipata*, *Yatragaman* (pilgrimage). These methods create self-confidence and encourage the person.

Satvavajaya Chikitsa ^[23]

Sattva= psyche, *Avajaya*= to take over/to suppress. Withdrawal of mind from harmful objects. It means one should keep himself established in himself after knowing the real nature of the soul and attaining a height of spiritual wisdom.

Nidanparivarjana

A detailed history of the patient should be taken to enlist the causative factors. The patient should be made aware of these factors and their

consequences. Then he should be motivated to rule out and avoid the causes and triggers.

Naisthikichikitsa ^[24]

“*Naisthiki ya vinopadham*” i.e., absolute eradication of miseries obtained by elimination of desires which are root cause of all miseries. Absolute eradication of miseries is nothing but salvation. This stage can be attained only by the elimination of desires. Once such desires are shunned, one does not have attachment or hatred in respect of actions and so the possibility of any ground being created for further miseries is checked.

Yoga Therapy ^[25]

‘*Yogo moksha pravartaka*’ It means that yoga serves as a means to the attainment of *Moksha*. *Moksha* implies absolute detachment of the soul from all mental as well as physical contacts. Increase in *Satva* and decreasing *Raja* and *Tama* leads to *Kamakshya* (loss of deeds) and helps in attaining *Moksha*.

Shock Therapy ^[26]

He should be shown wonderful sights, told of the death of person whom he loves, be threatened by person of terrifying shapes; By elephants and wild animals which have been tamed and which are non-poisonous, threatened by binding him with ropes or beating with whips; or be tie and hidden in a solitary place.

Aahara (Diet)

The diet of the patient should be tasty, appetizing, and salutary, rich in vitamin D, Omega 3 fatty acid, vitamin B, zinc, protein-rich food, and containing food (whole grain, some seafood, organ meat like liver, etc).

Vihara Chikitsa

Lifestyle modification is an important factor in the management of depression. Depressed persons should be trained with various yogic, aerobic, music, and breathing exercises to cope with their stress and for relaxation of mind.

Pharmacological Management

In Ayurveda, the *Chikitsa* (treatment) is divided into three types, which are *Daivavyapashraya* (spiritual therapy), *Yuktivyapashraya* (therapy based on reasoning), and *Satvavajaya Chikitsa* (psyche therapy). Out of these, *Yuktivyapashraya* comes under pharmacological treatment. *Yuktivyapashraya Chikitsa* -3 types (*Antarparimarjana*, *Bahirparimaarjan*, *Shastapraninidhana*)

1. Antarparimarjana (Internal cleansing)

Samshodhana (Purification)- That is elimination of vitiated *Doshas* by *Panchakarma* therapy. *Samshaman* (Alleviation)- It includes different types of drugs, diet activities used to alleviate the vitiated

Doshas. E.g. *Medhya Rasayana*, *Saraswat Ghrit*, *Kalyanak Ghrit* etc.

2. **Bahiraparimarjana (External cleansing)**

It includes procedures like *Snehan* (oilation) and *Swedana* (sudation), *Lepa* (liniment), *Parisheka* (fomentation), *Shirodhara* etc.

3. **Shastrapranidhana (Surgical or para-surgical procedures)**

Bloodletting has been indicated in various types of mental disorders. Even though the above-mentioned threefold therapy is mainly applicable to diseases of the body, it also has its utility for the cure of mental disorders (like insanity, epilepsy, and depression, etc).

DISCUSSION

Depression remains a significant global health issue. Depression affects over 280 million people worldwide. Depression affects people across all age groups, genders, and socioeconomic backgrounds. However, recent studies suggest increased rates among younger populations due to social media influences, economic pressures, and academic stress, modern lifestyle, poor eating habits, and overwhelming pressure to reach goals in very less time. Depression may also result from long-term illnesses like *Kushtha*, visible bodily sores, and physical disabilities like paralysis. Ayurvedic literature provides accounts of such occurrences. Ayurveda holds that there are connections between the *Sharira* (body) and *Satva* (mind). Together with physical disease, mental illness also arises when the *Sharirik dosha* is disrupted, and vice versa. *Mansika dosha* (*Raja* and *Tama*) progressively deteriorates. *Acharya Charaka* has explained '*Vishado Rogavardhanam*' means *Vishada* (depression) is the foremost factor in worsening the disease condition. Positive and healthy mind helps to recover physical ailments fast and keeps the body healthy, and it can be best achieved by the Ayurvedic psychological approach.

CONCLUSION

Depression is one of the most terrible psychological diseases with a multifactorial etiopathogenesis. The Ayurvedic approach to mental health offers a holistic architecture for addressing depression, emphasizing the interconnectedness of the *Mana*, *Sharir*, and *Atama*. By integrating natural remedies, salutary adaptations, and lifestyle changes approaches such as *Daivavyapasraya*, *Satvavijaya*, and *Yukti Vyapashraya Chikitsa* are the most effective in managing depression, Ayurveda aims to rejuvenate harmony and equilibration within the body. Furthermore, the emphasis on personalized treatment plans allows practitioners to provide treatment to the special necessities and imbalances of each person. As

we continue to explore and integrate these ancient wisdom practices with modernistic mental health strategies, Ayurveda presents an extravagant viewpoint that can amend our understanding and management of depression, promoting overall well-being and adaptability.

REFERENCES

1. Sushruta. (2008). *Shushruta samhita*. In V.y. Acharya, *Sushruta Samhita*. Varanasi: Chaukambha Subharti prakashan.
2. Agnivesha. (2002). *Charak Samhita*. In A.y. Trikamji, *Charak Samhita with Ayurveda Dipika Commentary of Chakrapani Datta* (7th ed.). Varanasi: Chaukambha Subharti Prakashan.
3. Samhita, c. (2014). *Maharoga adhyaya*. In Tripathi B., *Charak Samhita of Agnivesha* (p. page no. 390). Varanasi: chaukhamba Subharti prakashan.
4. Vaidya Vasant, S.u. (2011). *Clinical diagnosis in Ayurveda*. (1. edition, Ed.) Atreya Ayurveda Publication IILKAL, 1-10.
5. Belmarker R.H.A. (2008). Major depressive disorder. *The New England Journal of Medicine*, 358, 55-68.
6. Chen M.C et al. (2010). Decreased hippocampal volume in a healthy girl at risk of depression. *Arch Gen Psychiatry*, 67 (3) 270-67.
7. Nemecroff CB,W.E. (1984). Elevated concentrations of CSF corticotropin-releasing factor like immunoreactivity in depressed patients. *Science*, 1342-44.
8. Radsheer FC, H. W. (1994). Increased numbers of Corticotropin-releasing hormone expressing neurons in the hypothalamic paraventricular nucleus of depressed patients. *Neuro-endocrinology*, 436-44.
9. Nemeroff CB, O. M. (1985). Reduced corticotropin releasing factor binding sites in the Frontal cortex of suicide victims. *Arch Gen Psychiatry*, 577-79.
10. Agnivesha, C. S. (2014). *Janapadoddhvamsaniya vimanam*. In T. B, *Charak Samhita* (page no. 681). Varanasi: Chaukhamba Subharti Prakashana.
11. Tripathi B. (2014). *Katidhapurushiyashariram*. In Charak, *Charak Samhita of Agnivesha* (page no. 196). Varanasi: Chaukhamba Subharti Prakashan
12. Tripathi B. (2014). *Katidhapurushiyashariram*. In Charak, *Charak Samhita of Agnivesha* (page no. 820). Varanasi: Chaukhamba Subharti Prakashan.
13. B, T. (2014). *Unmadanidanam*. In Charak, *Charak Samhita of Agnivesha* (p. page no. 642). Varanasi: Chaukhamba Surabharti Prakashan.
14. V., L. G. (2002). *Handbook on Ayurveda*. In L. i. Morrisville, *Charak Samhita: Handbook on Ayurveda* (Vol. 1, p. page no. 38). North California.

15. Vasant, I. (2002). In the book Of Ayurveda: Fundamental Principles of Ayurveda (Vol. 1, p. page no 193). New Mexico: The Ayurvedic Press Albuquerque.
16. Marc, H. (2010). In Principles of Ayurvedic Medicine (10th ed., p. page no 195). California College of Ayurveda.
17. R K Sharma, B.D. (2012). Unmadchikitsam. In charak, Agnivesha's Charak Samhita (p. page no. 410). Varanasi: Chaukhamba Sanskrit series office.
18. B, T. (2014). Dirghanjivtiyam adhyayam. In Charak, Charak Samhita of Agnivesha (Page no. 31). Varanasi: Chaukhamba Surabharti Prakashan.
19. R K Sharama, B.D. (2012). Tisraishaniyo adhyayam. In Charak, Agnivesha's Charak Samhita (pp. 230-31). Varanasi : Chaukhamba Sanskrit Series office.
20. R.K.Sharama, B. (2012). Katidhapurushiyashariram. In Charak, Agnivesha's charak Samhita (pp. page no. 335-36). Varanasi: Chaukhamba Sanskrit series office.
21. (2009). International statistic classification of diseases and related health problems, 10th rev 1st ed.
22. Chikitsa Sthan. (1992). In Y. T. ji (Ed.), Charaka Samhita of Charaka (2nd ed., p. 616). Varanasi: Chaukhamba Prakashan.
23. R K Sharama, B.D. (2012). Tisraishaniyo adhyayam. In Charak, Agnivesha's Charak Samhita (pp. 410). Varanasi: Chaukhamba Sanskrit Series office.
24. R.K Sharma, B. (2012). Katidhapurushiyashariram. In charak, Agnivesha's Charak Samhita (page no. 345). Varanasi : Chaukhamba Sanskrit Series office.
25. A.Shastri. (2014). Unmadapratishedham adhyayam. In Shushruta, Shushruta Samhita Of Maharsi Sushruta part II (page no. 587). Varanasi : Chaukhamba Sanskrit Sansthan.
26. R.K. Sharma, B.D. (2012). Tisraishaniyo adhyaya. In charak, Agnivesha's Charak Samhita (pp. page no. 230-31). Varanasi: Chaukhambha Sanskrit Series Office.

Cite this article as:

Deepti Sharma, Abhishek Uniyal, Jaibheem. A Holistic Approach to Mental Health: Addressing Depression. AYUSHDHARA, 2025;12(2):75-80.

<https://doi.org/10.47070/ayushdhara.v12i2.2053>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Deepti Sharma

PG Scholar,

Department of Kriya sharir,

Patanjali Bhartiya Ayurvigyan

Evam Anusandhan Sansthan,

Haridwar.

Email:

uniyalabhishek586@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.