



## AN INTEGRATIVE REVIEW OF AYURVEDIC APPROACHES TO MENTAL DISORDERS: CLASSICAL WISDOM AND MODERN PERSPECTIVES

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### ABSTRACT

Mental health disorders constitute a growing global public health challenge, prompting increasing interest in holistic and integrative care models. Ayurveda, the traditional system of medicine of India, offers a comprehensive framework for understanding psychological well-being through the concepts of Manas (mind), triguna (Sattva, Rajas, Tamas), and their interaction with somatic Doṣas. This narrative review synthesizes classical Ayurvedic concepts of mental wellness, psychiatric taxonomy, and therapeutic modalities, and examines their relevance within contemporary integrative psychiatry. Classical treatises including Charaka Saṃhitā, Suśruta Saṃhitā, and Aṣṭāṅga Hṛdaya were reviewed alongside peer-reviewed literature identified through structured searches of PubMed/MEDLINE, Scopus, Web of Science, Google Scholar, AYUSH Research Portal, and DHARA (2020–2025). Ayurveda conceptualizes mental health as a dynamic equilibrium characterized by predominance of Sattva and regulation of Rajas and Tamas. Detailed descriptions of psychiatric entities such as Unmāda, Apasmāra, Chittodvega, and Atattvābhiniveśa reflect sophisticated nosological insight. Therapeutic approaches—including Sattvavajaya Cikitsā, Medhya Rasāyana, Pañcakarma, Yoga, and structured lifestyle disciplines—demonstrate a biopsychosocial and preventive orientation. Emerging evidence suggests that selected Ayurvedic botanicals (e.g., Bacopa monnieri, Withania somnifera), Yoga-based practices, and integrative therapeutic modalities exhibit neuroprotective and anxiolytic effects; however, rigorous interdisciplinary research is required to support evidence-informed integration into global mental healthcare.

**Keywords:** Ayurveda, Mental Health, Manas, Integrative Psychiatry.

### INTRODUCTION

Mental health has emerged as a critical worldwide public health concern in the current century, with the World Health Organization forecasting that depression will rank as the second most significant contributor to global disease burden and disability. [1] Despite progress in contemporary psychiatric medicine, substantial obstacles persist, including significant gaps in treatment availability, adverse effects from medications, social stigmatization, and limited healthcare access, particularly in economically developing nations.

[2] Against this backdrop, indigenous healing systems offer important alternative viewpoints that could enhance both comprehension and treatment of psychological disorders. Ayurveda, India's traditional medicine system with documented origins spanning more than three millennia, offers an intricate and comprehensive paradigm for conceptualizing mental wellness. [3], [4] Unlike the conventional biomedical approach, which typically prioritizes symptom management, Ayurveda characterizes mental health as a fluid state of balance that integrates psychological, physiological, societal, and existential aspects. [1], [5] This integrative framework recognizes the intricate relationships between mind (*Manas*), physical body (*Śarīra*), and consciousness (*Ātman*), while offering treatment strategies that address fundamental causes instead of merely alleviating manifestations. [6] Ayurveda's mental health philosophy derives from foundational scriptures including the Charaka Saṃhitā, Suśruta Saṃhitā, Aṣṭāṅga Hṛdaya, and



www.ajmrhs.com  
eISSN: 2583-7761

Date of Received: 04-01-2026  
Date Acceptance: 14-02-2026  
Date of Publication: 13-03-2026

earlier Vedic works such as the Atharvaveda, Upanishads, and Bhagavad Gītā. [2], [3], [7] These ancient texts present advanced conceptualizations of cognition, awareness, and psychiatric conditions, accompanied by comprehensive treatment protocols that combine medicinal, psychological, and behavioral approaches. [8], [9] This narrative review has several objectives: (1) clarify core Ayurvedic principles pertaining to mental wellness, including the conceptualization of Manas and the triḡuṇa framework; (2) analyze how mental illnesses are categorized in traditional Ayurvedic writings; (3) investigate treatment methodologies recommended for psychological conditions; and (4) evaluate the modern applicability and possibilities for synthesizing Ayurvedic concepts with current psychiatric approaches. Through integrating perspectives from ancient manuscripts and modern academic research, this review aspires to promote a holistic understanding of mental health that bridges traditional wisdom with contemporary scientific evidence.

## METHODS

This study was conducted as a narrative review to synthesize classical Ayurvedic literature and contemporary scientific evidence related to the conceptualization, classification, and management of mental health within Ayurveda and its relevance to modern psychiatric frameworks. Foundational Ayurvedic texts, including the *Charaka Saṃhitā*, *Suśruta Saṃhitā*, and *Aṣṭāṅga Hṛdaya*, were examined to elucidate primary doctrines concerning Manas, triḡuṇa theory, Mānasa Doṣas, and psychiatric nosology. Relevant philosophical sources, including the *Atharvaveda*, *Upaniṣads*, *Bhagavad Gītā*, and *Yoga Sūtras of Patañjali*, were also consulted to contextualize conceptual foundations of mental wellness. A structured search of electronic database like PubMed/MEDLINE, Scopus, Web of Science, Google Scholar, AYUSH Research Portal, and DHARA; was conducted for publications from January 2020 to December 2025. Search terms combined classical Ayurvedic terminology (e.g., *Manas*, *Sattva*, *Rajas*, *Tamas*, *Unmāda*, *Apasmāra*, *Sattvavajaya*, *Medhya Rasāyana*, *Pañcakarma*) with contemporary psychiatric and integrative medicine keywords. The search strategy incorporated predefined keywords related to “Ayurveda,” “mental health,” “Unmada,” “Chittodvega,” “Sattvavajaya,” “integrative psychiatry,” and related constructs, combined using Boolean operators (AND, OR). Filters for language (English), publication type (peer-reviewed articles), and date range were applied where appropriate. Peer-reviewed articles addressing Ayurvedic mental health constructs, clinical or experimental evaluation of Ayurvedic interventions, and integrative psychiatric perspectives were included. Non-peer-reviewed publications, conference

abstracts without full text, and articles lacking methodological clarity were excluded. Screening was performed through title and abstract review followed by full-text evaluation for conceptual relevance and scholarly rigor. As this was a narrative review, formal risk-of-bias assessment was not applied; however, sources were critically appraised qualitatively. Extracted data were organized thematically under domains encompassing philosophical foundations, psychiatric taxonomy, therapeutic modalities, and integrative perspectives. A thematic narrative synthesis approach was employed to interpret classical doctrines alongside contemporary scientific findings while preserving the epistemological integrity of Ayurvedic theory. As the review was based exclusively on published literature and classical texts, ethical approval was not required.

## Philosophical Underpinnings of Mental Wellness in Ayurveda

### The Conceptualization of Manas (Mind)

Within Ayurvedic thought, Manas (mind) is understood as a refined, miniscule sensory instrument (Indriya) functioning as an intermediary between external sensory experiences and inner awareness [10], [16]. Diverging from Western psychological frameworks that primarily view the mind as a cognitive mechanism, Ayurveda characterizes Manas as having distinctive qualities and roles that regulate perception, thought processes, feelings, and intentionality. [1], [6] According to the *Charaka Saṃhitā*, Manas possesses an atomic (Aṇu) character, enabling connection with just one sensory channel at any given moment, which accounts for the mechanism of focused attention. [3], [16] This infinitesimal property differentiates Manas from the universal consciousness (Ātman) and clarifies why humans are unable to concurrently process various sensory stimuli with equivalent attentiveness. [10] The mind is characterized by rapidity (Āśu) and concentrated focus (Ekāgra), facilitating swift cognitive processing while maintaining sustained concentration. [16] Traditional scriptures identify several primary operations of Manas, encompassing Saṅkalpa (conceptual formation), Vicāra (analytical thinking), Smṛti (recollection), Dhṛti (cognitive stability), and Bhāvanā (creative visualization). [6], [10] These mental operations are believed to function in harmony with the corporeal form through Prāṇa (life energy), establishing the essential psychosomatic connection that forms the cornerstone of Ayurvedic healing. [13] The Ayurvedic understanding of Manas further includes affective and motivational aspects. The mind is considered the locus of feelings (Bhāva) and aspirations (Icchā), which can support wellness when appropriately balanced or precipitate illness when uncontrolled or misaligned. [1], [15] This

holistic viewpoint acknowledges that psychological wellness is intrinsically linked to emotional equilibrium, moral behavior, and spiritual growth. [2], [18]

### **The Triṅṇa Framework: Sattva, Rajas, and Tamas**

Fundamental to Ayurveda's perspective on mental wellness is the doctrine of three primary attributes or *guṇas* that regulate psychological functioning: Sattva, Rajas, and Tamas. [1], [2], [5] This *triṅṇa* model, originating from Sāṅkhya philosophical tradition and expounded in works like the *Bhagavad Gītā* and classical Ayurvedic texts, offers an elaborate system for comprehending mental temperament, cognitive operations, and the origins of psychological disturbances. [7], [21] 'Sattva' signifies the attribute of luminosity, mental lucidity, equilibrium, and coherence. A mind dominated by Sattva displays wisdom (Jñāna), satisfaction (Santoṣa), empathy (Karuṇā), and inner calm (Sama). [1], [5] People with elevated Sattva demonstrate psychological steadiness, virtuous behavior, spiritual orientation, and capacity to withstand adversity. [2], [18] Sattva is regarded as the cornerstone of psychological well-being and is intentionally strengthened through Ayurvedic healing approaches. [15] 'Rajas' embodies the characteristics of dynamism, intensity, turbulence, and craving. Although Rajas supplies the drive required for accomplishment and productivity, its overabundance results in mental disturbance, worry, irritability, rivalry, and excessive attachment. [1], [5], [30] A Rajas-dominated mind displays perpetual cognitive activity, challenges with unwinding, and vulnerability to stress-induced conditions. [21] Contemporary lifestyle elements including overwork, excessive sensory input, and high-pressure settings tend to intensify Rajas. [2], [29] 'Tamas' signifies stagnation, obscurity, misunderstanding, and illusion. Tamas presents as sluggishness, mental fog, melancholy, carelessness, and diminished consciousness. [1], [5] A Tamas-dominated mind shows impaired discernment, aversion to transformation, and inclination toward harmful patterns. [21], [30] Elevated Tamas correlates with serious psychiatric conditions, addiction, and intellectual deterioration. [3], [29] In Ayurvedic doctrine, psychological wellness is achieved when Sattva dominates while Rajas and Tamas maintain equilibrium, supplying requisite vitality and recuperation, respectively. [1], [2] Psychiatric disorders arise from disequilibrium or extreme dominance of Rajas and Tamas, jointly called *Mānasa Doṣas* (psychological humors). [5], [29] The treatment goal involves diminishing Rajas and Tamas while amplifying Sattva through specific therapeutic measures. [15], [18] The *triṅṇa* framework provides a fluid and comprehensive

understanding of mental wellness that recognizes individual constitutional variations (Prakṛti), contextual factors, and the fluctuating character of psychological conditions. [2], [21] This model has been likened to contemporary personality theories and psychological frameworks, with scholars identifying similarities between the *guṇas* and constructs including ego defense systems, temperament classifications, and psychological adaptability. [21]

### **Psychosomatic Integration: Doṣa Doctrine and Psychological Wellness**

A distinguishing characteristic of Ayurveda's mental health framework is its focus on the profound interconnection between psychological and physiological dimensions, facilitated through the three bodily constitutions or *Doṣas*: Vāta, Pitta, and Kapha. [1], [5], [29] Whereas the *triṅṇas* control psychological attributes, the *Doṣas* orchestrate bodily processes, and disruptions in one sphere can influence the other, creating a reciprocal psychophysiological dynamic. [3], [28] 'Vāta', constituted by air and space elements, coordinates motion, neural transmission, and cognitive communication. Vāta disturbance correlates with nervousness, apprehension, sleep disruption, agitation, and disorders like attention deficits. [1], [29] The dynamic and ethereal nature of Vāta renders it particularly significant in psychiatric conditions marked by volatility and mental unrest. [28] 'Pitta', formed from fire and water elements, controls metabolic processes, digestive functions, and biochemical transformations. Pitta disturbance manifests as rage, testiness, hostility, excessive standards, and inflammatory responses. [1], [29] Pitta-related psychological disorders typically involve heightened intensity, fervor, and judgmental cognition. [28] 'Kapha', comprising water and earth elements, furnishes structural integrity, steadiness, and moisture. Kapha disturbance produces melancholy, inertia, excessive attachment, reluctance toward adaptation, and mental sluggishness. [1], [29] Kapha-dominant psychiatric states are distinguished by weightiness, immobility, and affective detachment. [28] Ayurveda recognizes that somatic diseases can trigger psychological disturbances and, reciprocally, that mental afflictions may express themselves as bodily manifestations through *Doṣa* disruptions [1], [28], [29]. For instance, persistent pain syndromes commonly co-occur with depressive and anxious states, whereas prolonged psychological stress can generate physical complaints. This unified viewpoint requires treatment strategies that simultaneously target both psychological and somatic aspects [5], [15].

### Traditional Ayurvedic Literature and Mental Wellness Discussion

Ayurveda's mental health conceptualization primarily stems from ancient Sanskrit manuscripts written roughly between 1500 BCE and 500 CE, with the most definitive sources constituting the *Bṛhat Trayī* (Great Trilogy): Charaka Saṃhitā, Suśruta Saṃhitā, and Aṣṭāṅga Hṛdaya. [2], [3], [7] The 'Charaka Saṃhitā', ascribed to the physician-sage Charaka and estimated to originate around 400-200 BCE, stands as the foundational treatise of Ayurvedic clinical medicine. [2], [3] It encompasses comprehensive deliberations on Manas's characteristics, psychological temperament (Mānasa Prakṛti), taxonomy of psychiatric conditions, and treatment methodologies, encompassing Sattvavajaya Cikitsā. [1], [15] The Śārīra Sthāna (anatomical and physiological division) and Cikitsā Sthāna (therapeutic division) offer especially elaborate discussions on psychological wellness. [3], [10] The 'Suśruta Saṃhitā', credited to the surgical master Suśruta and originating from a comparable era, augments Charaka's scholarship with supplementary insights on psychiatric disorders, especially Unmāda (severe mental disturbance) and Apasmāra (seizure conditions). [2], [3] Suśruta highlights operative and procedural techniques in conjunction with medicinal treatment. [3] The 'Aṣṭāṅga Hṛdaya' and 'Aṣṭāṅga Saṅgraha', authored by Vāgbhaṭa circa 600 CE, consolidate and organize the doctrines of preceding works, delivering succinct yet thorough treatment of mental wellness subjects. [7] Apart from these clinical treatises, Ayurvedic mental health concepts are deeply rooted in antecedent Vedic and philosophical writings. The 'Atharvaveda' (circa 1500-1000 BCE) includes verses and ritual formulas addressing psychological afflictions, constituting among humanity's earliest recorded recognition of mental health. [2], [3] The 'Upanishads' investigate the essence of awareness, selfhood, and cognition through metaphysical examination. [2], [7] The 'Bhagavad Gītā' expounds the triṅga doctrine and offers instruction on psychological balance and contemplative psychology. [2], [7] Patañjali's 'Yoga Sūtras' outline methodologies for mental regulation and attainment of elevated consciousness states. [2], [7] This rich literary heritage reveals that psychological wellness occupied a primary position in ancient Indian medical and philosophical scholarship rather than being a marginal topic. [2], [3] The synthesis of clinical, philosophical, and spiritual viewpoints within these manuscripts embodies the comprehensive Ayurvedic perspective, which remains influential in modern application. [7], [12]

### Taxonomy of Psychiatric Conditions in Ayurveda Unmāda (Psychotic Conditions)

*Unmada* (madness or psychosis) represents the primary category of severe psychiatric disorders in Ayurvedic nosology. [3], [4], [10] Derived from the root "mad," implying mental derangement, it denotes disruption of normal cognitive functioning. [3] Classical texts describe *Unmada* as impairment of *Manas* (mind), *Buddhi* (intellect), *Samjna* (awareness), *Jnana* (knowledge), *Smṛiti* (memory), *Bhakti* (emotional-spiritual orientation), *Shila* (conduct), *Cheshta* (behavior), and *Achara* (social functioning), reflecting disturbances across cognitive, affective, and behavioral domains. [3], [10] It is classified into internal (*Dosha*-based) types—*Vataja*, *Pittaja*, *Kaphaja*, and *Sannipataja*—and external (*Agantuja*) forms. [3], [4], [10] *Vataja* presents with fear and agitation; *Pittaja* with anger and aggression; *Kaphaja* with withdrawal and stupor; and *Sannipataja* with mixed severe features. External forms include trauma- or toxin-induced states such as *Visaja Unmada*. [3], [4] This multidimensional classification integrates biological and psychosocial causation and parallels modern diagnoses including schizophrenia and bipolar disorder. [3], [10]

### Apasmāra (Seizure Disorders and Convulsive Conditions)

Apasmāra, literally translating to "consciousness loss" or "memory erasure," designates epilepsy and associated convulsive syndromes. [2], [3], [10] Though fundamentally a neurological phenomenon, Apasmāra appears in mental health discourse due to its effects on awareness, cognition, and conduct. [3] Traditional writings portray Apasmāra as featuring abrupt consciousness loss (*Samjñā Nāśa*), seizures (*Vepathu*), oral frothing (*Phenodgama*), and subsequent episode amnesia. [3], [10] Similar to Unmāda, Apasmāra categorizes by Doṣa dominance (*Vātaja*, *Pittaja*, *Kaphaja*, and *Sannipataja* variants), each displaying characteristic clinical manifestations. [3] The Ayurvedic conceptualization of Apasmāra acknowledges both inherent vulnerability and precipitating elements, encompassing dietary transgressions, cranial injury, emotional strain, and suppression of physiological impulses. [3], [10] This multi-causal etiology aligns with contemporary epilepsy understanding involving hereditary susceptibility and environmental catalysts. [2]

### Additional Psychiatric Conditions

Beyond *Unmada* and *Apasmara*, Ayurvedic literature describes a wide range of mental and behavioral disorders reflecting advanced psychological insight. *Mada* refers to intoxication and substance dependence with altered consciousness and behavior [3], [10] while *Murchha* denotes transient loss of consciousness from various causes. [3] *Bhaya* represents pathological fear and anxiety [10], [25] and *Shoka* corresponds to

prolonged grief and depressive states following loss. [10], [28] *Krodha* signifies excessive anger and impaired emotional control. [10] *Chittodvega* describes anxiety-spectrum conditions marked by mental agitation and persistent worry. [25], [29] Texts also identify *Atattvabhinivesha*, involving obsessive false beliefs and rigid thinking patterns [10], and *Smriti Bhrāmsha*, encompassing memory impairment and cognitive decline. [10], [27] Collectively, these categories demonstrate a comprehensive nosology addressing disturbances of cognition, emotion, behavior, and consciousness. Despite their ancient terminology, these classifications show notable parallels with contemporary psychiatric disorders. [3], [4], [10]

### Ayurvedic Treatment Modalities for Mental Wellness

#### Sattvavajaya Cikitsā: Ayurvedic Psychological Therapy

*Sattvavajaya Cikitsa*, meaning “mastery of the mind” or “regulation of *Sattva*,” represents the classical Ayurvedic model of psychological intervention. [5], [7], [15], [17] Defined in the *Charaka Samhita* as “redirecting the mind from unwholesome objects” (*Ahitebhyo Arthebhyo Mano Nivaranam*), it encompasses structured cognitive, behavioral, and contemplative strategies aimed at restoring mental balance and strengthening resilience. [15], [17] Its theoretical basis lies in *Prajnaparadha* (error of intellect), considered a fundamental cause of mental disturbance leading to maladaptive thoughts, emotions, and actions. [5], [15], [17] Correction of this error is achieved by cultivating *Dhi* (discriminative intellect), *Dhriti* (self-control), and *Smriti* (memory or mindful awareness), thereby reestablishing psychological equilibrium. [15], [17] The framework of *Sattvavajaya* includes interconnected components: *Jnana* (knowledge of the nature of mind and suffering), *Vijnana* (discernment between beneficial and harmful mental states), *Dhairya* (courage and emotional stability), *Smriti* (sustained awareness of therapeutic principles), and *Samadhi* (focused attention and meditative absorption). [7], [15], [17] Together, these foster cognitive clarity, behavioral regulation, and emotional resilience. The approach also integrates ethical and lifestyle dimensions such as *Sadvritta* (virtuous conduct) and *Acharya Rasayana* (behavioral rejuvenation), emphasizing preventive and promotive mental health alongside treatment. [15], [17], [30] Contemporary scholarship notes parallels between *Sattvavajaya* and modern psychotherapeutic models, including cognitive-behavioral therapy, mindfulness-based interventions, and positive psychology. [5], [15], [17] Its emphasis on awareness, cognitive restructuring, behavioral refinement, and cultivation of positive attributes aligns with evidence-based

psychological care, demonstrating the enduring relevance of this classical framework.

#### Medhya Rasāyana: Cognitive Enhancement and Restorative Treatments

*Medhya Rasayana* refers to a class of Ayurvedic herbs and formulations that enhance cognition, memory, intellect, and overall mental well-being. [6], [27] Derived from *Medha* (intelligence) and *Rasayana* (rejuvenation), the term denotes therapies that revitalize mental faculties. [6], [27] Classical texts, particularly the *Charaka Samhita*, describe four principal *Medhya* herbs: *Mandukaparni* (*Centella asiatica*), valued for improving memory and clarity; *Yashtimadhu* (*Glycyrrhiza glabra*), known for supporting cognitive strength; *Guduchi* (*Tinospora cordifolia*), associated with longevity and immune enhancement; and *Shankhapushpi* (*Convolvulus pluricaulis*), prescribed for intellect and mental calmness. [6], [27] Additional important herbs include *Ashwagandha* (*Withania somnifera*), *Brahmi* (*Bacopa monnieri*), *Jyotishmati* (*Celastrus paniculatus*), and *Jatamansi* (*Nardostachys jatamansi*). [6], [27] These agents are believed to nourish neural tissue (*Majja Dhatu*), balance *Doshas*, reduce oxidative stress, modulate neurotransmitters, and promote neuroplasticity. [6], [27] Contemporary research supports their neuroprotective, anxiolytic, mood-stabilizing, and cognition-enhancing effects. [6], [27] *Rasayana* therapy integrates herbal medicine with diet and lifestyle measures to sustain long-term mental resilience beyond acute symptom management. [27]

#### Pañcakarma: Detoxification and Bio-Cleansing Treatments

Panchakarma, meaning “five procedures,” comprises core bio-cleansing therapies in Ayurveda and plays an important role in mental health management by eliminating accumulated *Ama* (metabolic toxins) and excess *Doshas* contributing to psychological disturbances. [1], [5], [29] The five principal procedures include *Vamana* (therapeutic emesis) for excess *Kapha*; *Virechana* (purgation) for aggravated *Pitta*; *Basti* (medicated enema), highly effective in balancing *Vata* while nourishing tissues; *Nasya* (nasal administration), facilitating direct therapeutic action on cranial structures and considered especially beneficial in neuropsychiatric disorders; and *Raktamokshana* (bloodletting) for disorders associated with vitiated blood and excess *Pitta*. [1], [29] In psychiatric conditions, therapies are selected based on the dominant *Dosha* imbalance. [1], [29] *Nasya* is particularly emphasized due to the anatomical connection between nasal passages and cerebral structures, enabling targeted intervention. [1], [29] Panchakarma is preceded by preparatory measures (*Purvakarma*) such as oleation and sudation and followed by restorative care (*Paschatkarma*) to

prevent relapse. [1], [29] Emerging evidence suggests potential benefits in anxiety, depression, stress-related disorders, and substance dependence, though rigorous clinical trials remain necessary. [1], [2], [29]

### **Yoga, Contemplative Practices, and Behavioral Adjustments**

Ayurveda recognizes Yoga and contemplative practices as integral to psychiatric care, sharing common philosophical foundations and therapeutic aims. [7], [13], [19] Their integration creates a comprehensive psychosomatic framework for mental well-being. [13], [19] Yogic practices such as *Asana* (postures) enhance physical vitality, reduce muscular tension, and prepare the body–mind for meditation. [7], [19] *Pranayama* (regulated breathing), particularly *Bhramari*, modulates autonomic function, reduces anxiety, and stabilizes emotional fluctuations. [7], [19], [24] *Dhyana* (meditation) cultivates sustained attention, emotional balance, and self-awareness, while *Yoga Nidra* promotes deep relaxation and stress reduction. [7], [13], [19] Complementing these practices, Ayurvedic *Panchakarma* therapies—including *Vamana*, *Virechana*, *Basti*, *Nasya*, and *Raktamokshana*—support mental health by eliminating aggravated *Doshas* and restoring systemic balance, with *Nasya* particularly emphasized in neuropsychiatric conditions. [1], [29] *Patanjali's Yoga Sutras* describe mental afflictions (*Kleshas*) and their resolution through *Ashtanga Yoga*, offering a structured path for psychological refinement. [2], [7], [19] Lifestyle regulation further strengthens mental wellness through *Dinacharya* (daily routine) and *Ritucharya* (seasonal regimen), emphasizing prevention and balance. Ethical conduct (*Sadvritta*) and behavioral rejuvenation (*Acharya Rasayana*) foster emotional stability and resilience. [15], [18], [30] Dietary discipline, adequate sleep, and seasonal adaptation maintain cognitive clarity and systemic equilibrium. [1], [29] Collectively, these integrative practices underscore Ayurveda's preventive, ethical, and holistic orientation, affirming that psychological well-being is sustained through consistent daily habits rather than solely crisis-based intervention. [2], [7], [18]

### **Synthesis with Contemporary Mental Health Approaches**

The integration of Ayurvedic principles with modern psychiatry represents a promising direction in mental healthcare, offering potential benefits in therapeutic effectiveness, cultural relevance, and holistic patient management. [2], [8], [12] Conceptually, the Ayurvedic *triguna* model—*sattva*, *rajas*, and *tamas*—shows parallels with personality and temperament theories in psychology. [21] Its emphasis on mind–body unity aligns with psychosomatic medicine and the biopsychosocial

model. [1], [8] The doctrine of *Prajnaparadha* (cognitive error) corresponds with cognitive theories that attribute mental disorders to dysfunctional thought patterns. [15], [17] Therapeutically, *Sattvavajaya Chikitsa* shares similarities with cognitive-behavioral therapy, mindfulness-based interventions, and psychodynamic approaches, particularly in fostering self-regulation and awareness. [15], [17] Yogic and meditative practices have gained empirical support for anxiety, depression, and stress-related disorders. [7], [19] *Medhya Rasayana* herbs are also being explored as adjuncts or alternatives to psychopharmacology. [6], [27] Ayurveda's focus on lifestyle regulation, diet, social harmony, and preventive care complements recovery-oriented and person-centered psychiatric models. [2], [8], [12] In South Asian contexts, its cultural familiarity may reduce stigma and enhance engagement. [2], [12] However, integration faces significant challenges. Robust clinical trials validating safety and efficacy remain limited [2], [6], and variability in herbal formulations and procedures complicates standardization. [6], [27] Ayurveda's individualized, holistic framework differs from the diagnosis-driven structure of modern psychiatry, creating epistemological and practical tensions. [8], [12] Limited cross-disciplinary training and variable regulatory frameworks further hinder collaboration. [2], [12] Conventional randomized controlled trials may inadequately capture Ayurveda's personalized, multimodal nature, necessitating innovative research designs. [2], [8], [12] Despite these barriers, initiatives such as India's AYUSH programs, the Mental Healthcare Act (2017), and Tele-MANAS demonstrate growing institutional support for integrative models. [2] Future progress should prioritize rigorous research, development of integrative treatment protocols, interdisciplinary education, collaborative care systems, and culturally responsive mental health programs. [2], [8], [12]

### **Modern Applicability and Prospective Trajectories**

The Ayurvedic model of mental wellness offers several insights relevant to contemporary challenges. Its comprehensive and preventive orientation emphasizes daily behavioral regulation and holistic balance rather than crisis-driven intervention, aligning with public health priorities for mental health promotion. [2], [7], [18] Growing evidence supporting the bidirectional relationship between physical and psychological health reinforces Ayurveda's principle of psychosomatic unity, particularly in conditions such as depression, anxiety, and chronic pain. [1], [8], [28], [29] The concept of *Prakriti* (individual constitution) parallels emerging precision psychiatry approaches that recognize variability in treatment response. [8], [12] In regions where over 70% of individuals lack

access to mental healthcare, culturally rooted systems like Ayurveda may help bridge service gaps through structured integration and task-sharing models. [2], [12] Additionally, its focus on cultivating *Sattva* (mental clarity) aligns with resilience and positive psychology frameworks, promoting well-being beyond symptom reduction. [18], [21] The inclusion of contemplative and existential dimensions further enriches holistic mental healthcare. [7], [12]

### Prospective Research and Clinical Development

Future advancement in integrative mental healthcare should prioritize rigorous clinical trials evaluating specific Ayurvedic interventions for well-defined psychiatric conditions using validated outcome measures and transparent reporting standards. [2], [6] Mechanistic studies exploring biological, psychological, and social pathways of action are equally essential. [6], [27] The development and systematic validation of integrative treatment models combining Ayurvedic principles with contemporary psychiatric approaches represent a key research direction. [8], [12] Standardization of herbal formulations, procedural protocols, and practitioner training frameworks is necessary to ensure safety, quality, and reproducibility. [6], [27] Cultural adaptation strategies may enhance acceptability and engagement in diverse populations. [2], [12] Interdisciplinary education can strengthen collaborative care delivery [12], while supportive regulatory policies are required for safe integration.[2] Community-based preventive programs grounded in Ayurvedic principles can further promote resilience and mental wellness at the population level. [2], [18] The COVID-19 pandemic has renewed interest in yoga, meditation, and herbal therapies, creating opportunities for expanded research and integration.[14]

### CONCLUSION

Ayurveda conceptualizes mental wellness as a dynamic balance among *Sattva*, *Rajas*, and *Tamas*, closely linked to bodily regulation through the *Dosha* system and sustained by ethical conduct, psychological discipline, herbal therapies, purification procedures, and contemplative practices. Classical texts describe detailed classifications, causes, and management strategies for mental disorders that parallel modern psychiatric concepts while maintaining a holistic orientation. Core interventions such as *Sattvavajaya Chikitsa*, *Medhya Rasayana*, *Panchakarma*, and Yoga-based practices provide multidimensional care addressing biological, psychological, social, and spiritual domains. Integrating Ayurvedic insights with contemporary psychiatry may enhance culturally responsive, preventive, and person-centered mental healthcare, particularly in addressing service gaps. However, meaningful integration requires rigorous

research, structured clinical frameworks, interdisciplinary education, and supportive policy systems. In the context of a growing global mental health crisis, Ayurveda emphasizes that true wellness extends beyond symptom absence to include balance, clarity, resilience, and inner harmony, fostering comprehensive and culturally grounded approaches to mental health.

### Author Contribution

Archana Ingole Patil conceptualized the study, contributed to the classical literature review, and drafted major sections related to Ayurvedic theoretical foundations and therapeutic principles. Abhijeet Jagtap contributed to the integration framework with modern psychiatry, critically revised the manuscript for intellectual content, structured the methodology and discussion sections, and finalized the manuscript for submission. Both authors reviewed and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

### Declaration Regarding Use of Generative AI

The authors declare that no generative artificial intelligence tools were used for data analysis, interpretation, or generation of original scientific content in this manuscript. The intellectual framework, analysis, and synthesis presented in this article are the original scholarly work of the authors.

### Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

### Source of Support

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. The study was conducted independently without external financial support.

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**How to cite this article:** Archana Ingole Patil, Abhijeet Jagtap, AN INTEGRATIVE REVIEW OF AYURVEDIC APPROACHES TO MENTAL DISORDERS: CLASSICAL WISDOM AND MODERN PERSPECTIVES, Asian J. Med. Res. Health Sci., 2026; 4 (1):-630-638.

**Source of Support:** Nil, Conflicts of Interest: None declared.