

Case Study

An Ayurvedic Approach to Treating Depression - A Single Case Study

Shashikala V¹, Deepa C Patil², Unnikrishnan P M³

¹PG Scholar, ²Professor, ³Assistant Professor, Department of PG Studies in Kayachikitsa, JSS Ayurveda Medical College and Hospital, Mysuru, India.

DOI: <https://doi.org/10.24321/2394.6547.202501>

I N F O

Corresponding Author:

Unnikrishnan P M, Department of PG Studies in Kayachikitsa, JSS Ayurveda Medical College and Hospital, Mysuru, India.

E-mail Id:

unnikrishn@gmail.com

Orcid Id:

<https://orcid.org/0000-0002-9034-0871>

How to cite this article:

Shashikala V, Patil D C, Unnikrishnan P M. An Ayurvedic Approach to Treating Depression - A Single Case Study. J Adv Res Ayur Yoga Unani Sidd Homeo. 2025;12(1&2): 1-8.

Date of Submission: 2025-08-01

Date of Acceptance: 2025-08-03

A B S T R A C T

Depression is a serious mental health condition which affects around 300 million people worldwide. Depression is expected to account for more lost years of healthy life than other diseases by 2030 except HIV-AIDS. It is a common mental disorder presented with depressed mood, loss of interest or pleasure, feeling guilt, disturbed sleep and low power of concentration. In Ayurveda, depression can be closely related to *Kaphaja Unmada* (insanity due to *Kapha* ailment) in severe cases and in mild cases to *Vishada* (moderate to severe depression) and *Avasada* (mild depression). In this case study, a female patient aged 27 years with complaints of sleeplessness, reduced interest in daily routine, overthinking, worries about job and future for 7 years associated with occasional headache, general weakness, irritability, reduced concentration, and reduced confidence, was taken for the study. She was diagnosed as a case of moderate depression based on ICD 10 criteria for mood disorders and assessment of the symptoms was done using the Hamilton depression rating scale before treatment and after completion of the intervention which is the 3rd course of treatment. She was advised with Ayurveda treatments along with oral medications for 3 courses followed by oral medications. During the course, her modern medications were tapered and brought to the minimum dose. There was a significant improvement in the symptoms and the score as per the Hamilton depression rating scale came to 2 from 20. Thus, it shows the efficacy of Ayurveda management on depression.

Keywords: Depression, *Vishada*, Ayurveda Treatments, Ayurveda Medications, Hamilton Depression Rating Scale

Introduction

Depression is a serious mental health condition which affects around 300 million people worldwide. Most of the cases of depression (more than 80%) are left untreated. According to WHO, depression is expected to account for more lost years of healthy life than other diseases by 2030 except AIDS. It is a common mental disorder presented

with depressed mood, loss of interest or pleasure, feeling guilt, disturbed sleep, and low power of concentration.¹

In Ayurveda, depression can be closely related to *Kaphaja Unmada* (Insanity due to *Kapha* ailment) in severe cases and in mild cases to *Vishada* (Moderate to Severe Depression) and *Avasada* (mild depression). In severe cases, derangement of *Kapha* predominant *Tridosha* (bio forces of human body) and

in mild cases, *Kapha Vataja* derangements are observed. In this case, moderate depression was observed so *Vishada* was the diagnosis. Charaka Samhita mentions *Vishada* as one of the *Nanatmaja vikaras* of *Vata* (mental disorders caused by exclusive involvement of *Vata Dosha*),² whereas, Sushruta Samhita has mentioned it as a *Manovikara* (mental disorder)³. According to Chakrapani, the commentator of Charaka Samhita, *Vishada* is a mental state, in contrast to that of *Utsaha* (enthusiasm, initiative, perseverance). Dalhana, the commentator on Sushruta Samhita says that *Vishada* is that state where *Manas* (mind) is afflicted by a lack of perseverance due to non-accomplishment or disappointment. However, detailed descriptions of *Vishada* are not available in the Ayurvedic classics.

Current interventions for depression include both pharmacological and psychological aspects. Moderate to severe depression needs to be treated with medication or a combination of medications and psychotherapy.⁴ Treatment comprises initial and maintenance phases. The initial phase lasts for approximately 6 months while the mean maintenance phase lasts for 9 to 12 months. The initial phase is aimed at remission and restoration of psychosocial functioning while the maintenance phase aims to prevent the recurrence of symptoms.⁵ However, conventional anti-depressants have demonstrated various adverse events like sedation, tremors, sexual dysfunction, and weight gain.⁶ Studies have shown that anti-depressants have a low adherence rate due to patient concerns about dependency and side effects.⁷

The integrated approach is found more effective in such conditions which helps the patients recover fast with minimal side effects. Ayurveda has effective treatments and medications which help the patients to recover from depression.

Case Presentation

Chief Complaints

A female patient aged 27 years presented with complaints of sleeplessness, reduced interest in daily routine, overthinking, and worries about her job and future for 7 years.

Associated Complaints

Occasional headache, general weakness, irritability, reduced concentration, reduced confidence

Brief History

As per the statement of the patient and her parents, she was apparently healthy 7 years back. Later, as her parents forced her to take up computer science (CS) in engineering for her future studies, she took CS in engineering. She felt stressed as she was not interested in the subject and had a lack of understanding and reduced confidence in the subject. In the 2nd and 3rd years, she had too many backlogs in

examinations because of which she experienced anxiety, sleeplessness and lack of concentration. She used to get palpitations, headaches, and tremors, because of which consulted a psychiatrist and was advised oral medications with which there was no improvement in her condition. As she did not have a job on presentation, her worries had increased and if she reduced modern medicines, then she used to get withdrawal symptoms. For all these complaints and for better treatment, parents brought her to our hospital.

History of Past Illness

- No significant history noted
- No history of any systemic or endocrine disorders
- No irregular menstrual history

Examination

All systemic examination was found to be normal.

Mental Status Examination

- **General appearance and behaviour:** Dull and anxious appearance, normal behaviour, reduced rapport
- **Speech:** Slow response with reduced tone
- **Thoughts:** Negative with fearful content and worries
- **Mood:** Dull, depressed
- **Insight & Judgement:** Present

Diagnosis

She was diagnosed as a case of moderate depression. The diagnosis was done based on ICD 10 criteria for mood disorders.

Assessment

The Assessment of the symptoms was done using the Hamilton depression rating scale. The assessment was done before treatment and after completion of the intervention which is 3rd sitting of admission.

Intervention

In one and half year of duration, the patient underwent 3 courses of treatment in the hospital which includes various Panchakarma procedures (Table 1,4,7), Oral medications (Table 2,5,8) and advised with medicines after the discharge also (Table 3,6,9).

Initially she was taking Allopathic medicines which reduced gradually and given with ayurvedic medicines details of which is given in Table 10. At the end of the treatment patient was under minimum dose of allopathic medicines and was able to maintain it without any symptoms of depression

Hamilton's Depression Rating Scale (HDRS) was used for the assessment of the symptoms. 20 was the total Score of HDRS before the treatment. Assessment was done after every visit and scoring was done accordingly. After the 3rd course, the total score was 2 and there were no symptoms of depression (Table 11).

Table 1. Treatment of 1st Course – January 19, 2022 to February 3, 2022

S. No.	Name of the Procedure	Medicines Used	Days
1	<i>Shirodhara</i> (pouring oil over head)	<i>Brahmi taila</i>	4
2	<i>Pada Abhyanga</i> (foot massage)	<i>Brahmi taila</i>	8
3	<i>Sarvanga Parisheka</i> (pouring liquids over the whole body)	<i>Panchavalkala kashaya</i>	4
4	<i>Arohana Snehapana</i> (intake of medicated ghee)	<i>Dadimadi ghrita</i>	4
5	<i>Sarvanga Abhyanga and Bashpa Sweda</i> (whole body oil massage followed by steam bath)	<i>Chinchadi taila + kottamchukkadi taila</i>	4
6	<i>Virechana</i> (purgation)	<i>Trivrit lehyam</i> (60 grams) + <i>Triphala kashaya</i> (100 ml)	1
7	<i>Nasya</i> (nasal drops) <i>Mukha abhyanga</i> (face massage) with <i>Brahmi taila</i>	<i>Kalyanaka ghrita</i> (1 ml to each nostril/day)	5

Table 2. Oral Medications of 1st Course – January 19, 2022 to February 3, 2022

S. No.	Oral Medications	Dose	Anupana	Time
1	<i>Chitrakadi vati</i>	2-2-2	With warm water	Before food
2	<i>Panchakola phanta</i>	30 ml -0-0	-	Before food
3	<i>Tab brahmi</i>	2-0-2	With hot water	After food
4	<i>Ashwagandha churna + Amalaki churna + Gokshura churna</i> (in equal proportion)	½ tsp- 0- ½tsp	With hot water	Before food
5	<i>Ashwagandha arishta</i>	20 ml-0-20 ml	With 20 ml of warm water	After food
6	<i>Manasamitra vatakam</i>	0-0-2	With warm water	At bedtime

Table 3. Advice on Discharge of 1st Course – January 19, 2022 to February 3, 2022

S. No.	Oral Medications	Dose	Anupana	Time
1	<i>Tab brahmi</i>	2-0-2	With hot water	After food
2	<i>Ashwagandha churna + Amalaki churna + Gokshura churna</i> (in equal proportion)	½ tsp-0-½tsp	With hot water	Before food
3	<i>Ashwagandha arishta</i>	20 ml-0-20 ml	With 20 ml of warm water	After food
4	<i>Manasamitra vatakam</i>	0-0-2	With warm water	At bedtime

Table 4. Treatment of 2nd Course – July 6, 2022 to July 21, 2022

S. No.	Name of the Procedure	Medicines Used	Days
1	<i>Sarvanga utsadana</i> (whole body massage with coarse powder)	<i>Kolakulattadi choorna + kottamchukkadi taila</i>	3
2	<i>Sarvanga parisheka</i> (pouring liquids over the whole body)	<i>Dashamoola kashaya</i>	3
3	<i>Shiro abhyanga</i> (head massage)	<i>Brahmi taila</i>	5
4	<i>Pada abhyanga</i> (foot massage)	<i>Brahmi taila</i>	5
5	<i>Nasya</i> (nasal drops) <i>Mukha abhyanga</i> (face massage) with <i>Brahmi taila</i>	<i>Kalyanaka ghrita</i> (1 ml to each nostril/day)	7
6	<i>Takradhara</i> (pouring medicated buttermilk overhead)	-	3

Table 5.Oral Medications of 2nd Course – July 6, 2022 to July 21, 2022

S. No.	Oral Medications	Dose	Anupana	Time
1	<i>Tab brahmi</i>	2-0-2	With hot water	After food
2	<i>Ashwagandha churna + Amalaki churna + Gokshura churna</i> (in equal proportion)	½ tsp-0-½tsp	With hot water	Before food
3	<i>Ashwagandha arishta</i>	20 ml-0-20 ml	With 20 ml of warm water	After food

Table 6.Advice on Discharge of 2nd Course – July 6, 2022 to July 21, 2022

S. No.	Oral Medications	Dose	Anupana	Time
1	<i>Tab brahmi</i>	2-0-2	With hot water	After food
2	<i>Ashwagandha churna + Amalaki churna + Gokshura churna</i> (in equal proportion)	½ tsp-0-½tsp	With hot water	Before food
3	<i>Ashwagandha arishta</i>	20 ml-0-20 ml	With 20 ml of warm water	After food

Table 7.Treatment of 3rd Course – April 25, 2023 to May 10, 2023

S. No.	Name of the Procedure	Medicines Used	Days
1	<i>Takradhara</i> (pouring medicated buttermilk overhead)	Medicated butter milk added with <i>Musta</i> and <i>Amalaki</i>	10
2	<i>Sarvanga udwartana</i> (whole body massage with coarse powder)	<i>Kolakulattadi churna</i>	6
3	<i>Sarvanga pariseka</i> (pouring liquids over the whole body)	<i>Panchavalkala kwatha</i>	6
4	<i>Pada abhyanga</i> (foot massage)	<i>Brahmi taila</i>	5
5	<i>Mustadi yapana basti</i> (medicated enema)	<i>Niruha basti</i> (enema with medicated liquids) – 3 days <i>Anuvasana basti</i> (enema with medicated oils) – 5 days in alternative days	8

Table 8.Oral Medications of 3rd Course – April 25, 2023 to May 10, 2023

S. No.	Oral Medications	Dose	Anupana	Time
1	<i>Chitrakadi vati</i>	2-2-2	With warm water	Before food
2	<i>Panchakola phanta</i>	30 ml-0-0	-	Before food
3	<i>Ashwagandha choorna + Amalaki choorna + Gokshura choorna</i> (in equal proportion)	½ tsp-0-½tsp	With hot water	Before food

Table 9.Advice on Discharge of 3rd Course – April 25, 2023 to May 10, 2023

S. No.	Medicines	Dose	Anupana	Time
1	<i>Ashwagandharista</i>	20 ml-0-20 ml	With 20 ml of water	After food
2	<i>Ashwagandha choorna + Amalaki choorna + Gokshura choorna</i> (in equal proportion)	½ tsp-0-1/2 tsp	With hot water	Before food
3	Tab Mentat	1-0-1	With warm water	After food
4	<i>Brahmi taila</i>	For external application overhead	Not applicable	Weekly 2 times

Table 10. Oral Medications and Their Duration

S. No.	Medicines	Dose	1-5 Days	6-15 Days	16-150 Days	151-165 Days (mg)	166-435 Days	436-450 Days (mg)	451-540 Days (mg)
1	Cap Zypsydon 60 mg	0-0-1	+	+	+	40	+	20	20
2	Tab Nexito 10 mg	1-0-1	+	+	+	5	+	-	-
3	Tab Lonazep 0.5 mg	0-0-1	+	+	-	-	-	-	-
4	<i>Ashwagandharista</i>	20 ml-0-20 ml	+	+	+	+	+	+	+
5	<i>Ashwagandha choorna + Amalaki choorna + Gokshura choorna</i> (in equal proportion)	½ tsp-0-1/2 tsp	+	+	+	+	+	+	+
6	<i>Tab Brahmi</i>	2-0-2	+	+	+	-	-	-	-
7	<i>Tab Manasamitra vataka</i>	0-0-2	+	+	-	-	+	+	-
8	<i>Chitrakadi vati</i>	2-2-2	+	-	-	-	-	-	-
9	<i>Panchakola phanta</i>	30 ml-0-0	+	-	-	-	-	-	-
10	<i>Tab Mentat</i>	-	-	-	-	-	-	+	+
11	<i>Brahmi taila</i>	-	-	-	-	-	-	-	+

Table 11. Assessment Scale Scorings

S. No.	Items	Before Treatment	After 1st Course	After 2nd Course	After 3rd Course
1	Depressed mood	2	2	1	0
2	Feelings of guilt	1	1	0	0
3	Suicide	0	0	0	0
4	Insomnia – initial	2	1	0	0
5	Insomnia – middle	2	1	0	0
6	Insomnia – delayed	2	1	0	0
7	Work and interests	3	2	1	1
8	Retardation	1	1	0	0
9	Agitation	1	0	0	0
10	Anxiety – psychic	2	1	1	1
11	Anxiety – somatic	1	0	0	0
12	Somatic symptoms – gastrointestinal	1	0	0	0
13	Somatic symptoms – general	2	1	0	0
14	Genital symptoms	0	0	0	0
15	Hypochondriasis	0	0	0	0
16	Weight loss	0	0	0	0
17	Insight	0	0	0	0
Total		20	11	3	2

Follow Up

Follow-up was done after 3 months of the 3rd course of admission. There was no episode of depression during the days and the patient was on the minimum dose of capsule Zyppydon which is 20 mg and was maintaining the state successfully. She was advised to continue with the *Ashwagandharista* and powder combination to prevent the reoccurrence.

Discussion

Treatment

Vishada is a *Vata nanatmaja vyadhi* (a mental disorder caused by the exclusive involvement of *Vata Dosha*).⁸ Without the involvement of *Vata dosha*, there are no symptom manifestations in *Vishada*. Also, *Tamo dosha* was the predominant *Mansaika dosha* (bio forces of mind) seen in this case. So to remove the *Avarana* (obstruction) without increasing the *Vata dosha*, treatments needed to be planned so that symptoms would not worsen. That's the reason there was *Sarvanga Pariseka* done along with *Shirodhara* for the first course, *Sarvanga Utsadana* with *Sarvanga Pariseka* and *Takradhara* for 2nd course, *Takradhara* and *Sarvanga Udwarthana* with *Sarvanga Pariseka* for 3rd course.

Shodhana (purification) is the first line of management in such kind of conditions.⁹ As the patient was less cooperative to *Vamana* (induced vomiting) which is considered as best for morbid *Kapha Dosha*, in the first course *Virechana* (purgation) is administered as *Shodhana* (purification) after giving *Snehapana* (intake of medicated ghee) with *Dadimadi ghrita* as it helped to expel the vitiated *Kapha* and *Vata*.

The nose is the gateway of drug administration in the case of *Urdhwajatrugata Rogas* (diseases above the shoulder) and *Nasya* (nasal drops) is the only procedure which directly influences all *Indriyas* (sense organs) which includes the mind also. The drug is administered through the nose as *Nasya* reaches the brain and eliminates all the morbid *Doshas* responsible for producing disease. *Vishada* is a *Manasika Vikara* (mental disorder) in which there is *Tamo Avarana* (obstruction due to mental ailment *Tamas*), and *Shiras* (head) is considered to be one of the Seat of Mind in Ayurveda. According to references nose is the gateway to the skull and *Nasya* is the best therapeutic procedure for removing morbid *Doshas* from the *Uttamanga* (head).¹⁰ That's the reason *Nasya* is administered to the patient for the first and second courses. *Nasya* is given using *Kalyanaka Ghrita* a herbal mineral combination which is a proven ghee preparation effective in all kinds of mental disorders including depression.¹¹

Basti (medicated enema) is considered the best treatment for *Vata Dosha* hence for *Manasika Vikaras* (mental disorder) too. The *Basti* ingredients act on the enteric nervous

system, which is considered the brain of the gut, and stimulate the nerves and may act on the neurotransmitters thereby improving mental function. Also, the osmotic potential may be considered to help the *doshas* reach to intestine, and in turn, the active principles get easily absorbed into the systemic circulation and act upon the brain and neurotransmitters. These can be considered in providing the anti-depressive effect of *Basti*.¹² So, for helping with the symptoms and also for *Rasayana* (rejuvenation) purpose *Basti* is administered in the 3rd visit. *Mustadi yapana basti* administered in this case is directly indicated in mental disorders and also it has rejuvenating properties.¹³

Medication

Ashwagandharishta, an Ayurvedic classical formulation, is the remedy for *Apasmara* (epilepsy), *Shosha* (tuberculosis), *Murchha* (syncope), *Unmada* (psychosis), *Mandagni* (poor digestive power), etc. *Ashwagandha* (*Withania somnifera* D.), a main ingredient of *Ashwagandharishta*, has anti-stress and anxiolytic activities. It works as an antidepressant by enhancing 5-HT neurotransmission and omega-3s promote transmission of the chemical messengers that facilitate communication between nerve cells and are associated with emotional stability (e.g., serotonin) and positive emotions (e.g., dopamine). Further, it also affects brain-derived neurotrophic factor (BDNF), which encourages synaptic plasticity, provides neuroprotection, enhances neurotransmission, and has antidepressant effects.¹⁴

Powder Combination

Ashwagandha (*Withania somnifera*) is *Tikta rasa* (bitter taste) and *Ushna veerya* (hot potency) predominant and it reduces *Vata* and *Kapha Doshas*. *Ashwagandha* is a *Rasayana* (rejuvenator) drug too.¹⁵ A clinical study conducted previously to assess the anti-stress effect of *Ashwagandha* established improvement in a feeling of well-being and psychological improvement in terms of reduced anxiety level, adjustment, memory span, mental fatigue rate, sleep pattern, etc. Improvement was observed in a significant reduction of anxiety level suggesting a marked tranquillity state of mind.¹⁶ In a controlled study conducted among stressed adults, the group that was supplemented with *Ashwagandha* had a more significant reduction in 'cortisol' than the control group. Cortisol is a stress hormone which is released by adrenal glands in response to stress and when blood sugar levels become low.¹⁷ *Ashwagandha* also promotes antioxidant activity and reduces oxidative stress.¹⁸

Amalaki (*Embllica ribes*) fruit extract showed effectiveness in alcohol-induced oxidative stress might be due to the combined effect of Phyto phenols, such as tannins and flavonoid compounds and vitamin C.¹⁹ In vitro studies showed that *Embllica* fruit extract possesses antioxidant as well as nitric oxide (NO) scavenging activity.²⁰

The studies on *Gokshura* (*Tribulus terrestris* Linn) suggest that the harmine content of *Tribulus* acts as a Monoamine Oxidase (MAO) inhibitor, leading to higher levels of dopamine in the brain. Due to higher levels of dopamine, the mood is elevated slowly and the feeling gets stronger and better.²¹

These 3 drugs are considered *Rasayana* (rejuvenator) too. *Rasayana* nourishes each and every cell of the body and hence contributes to the integrity and replenishment of seven *dhatu*s. Also, it helps in the promotion of memory and intelligence, provides immunity against disease and maintains optimum strength of body and mind. So *Rasayana* alleviates exertion, lassitude, exhaustion and debility. Generally, most of the *Rasayana* are micro-molecular nutrients having *Balya* (strength), *Medhya* (intellect), *Agnivardhaka* (metabolism), *Ojovardhaka* (immunity) and *Vayasthapana* (maintain age) properties and have also been proven to possess pharmacological properties like immunomodulator, adaptogenic, anti-stress, anti-anxiety, anti-depressant, anti-oxidant and nutrient tonic.²²

Brahmi (*Bacopa monniera*) is described as a “*Medhya Rasayana*” (Nootropic) drug which possesses natural therapeutic properties that support memory, re-establish intellectual deficiencies and enhance mental capacity.²³ *Brahmi* is perhaps the most generally used herb, the neurocognitive effects of which are well established. The research shows that *Bacopa monniera* is mainly known as a brain-stabilising agent. The methanolic extract of this plant possesses anti-depressant properties.²⁴

Manasamitra vataka is a highly effective widely used medicine for all kinds of mental disorders.²⁵ In this case, it was administered for 15 days which helped the patient to reduce her anxiety level and improve her sleep. Mentat is a proprietary medicine containing mainly *brahmi*, *Ashwagandha* etc. and is used for 15 days in the 3rd course of treatment to reduce the anxiety level of the patient.

*Chitrakadi vati*²⁶ and *Panchakola phanta*²⁷ are effective *deepana pachana* (enhances the metabolism) drugs which were administered in this case as a *Purvakarma* (preprocedure) for *shodhana* (purification) to enhance the metabolism in the patient.

Conclusion

Generally, all psychiatric conditions are difficult to cure among which depressive conditions are more challenging and may take a long duration. Ayurveda has effective treatments for such conditions for which this case study is proof. It will be best if treatments can be started as early as possible. Further clinical studies are required to prove the complete efficacy of such Ayurvedic management.

Conflict of Interest: None

References

1. World Health Organization [Internet]. Depression; 2017 [cited 2018 Dec 11]. Available from: “Depression: let’s talk” says WHO, as depression tops list of causes of ill health
2. Shastri K, Pandeya G, Acharya YT. Charaka samhita. Sutra Sthana. Ch. 20. Ver. 11. 8th ed. Varanasi: Choukhambha Sanskrit Sansthan; 2004. 269 p.
3. Vaidya YT, Acharya NR. Sushruta samhita with Nibandha sangraha. Dalhanacharya, commentator. Sutra Sthana. Ch. 1. Ver. 24. 8th ed. Varanasi: Chaukhambha Orientalia; 2005. 6 p.
4. Cleare A, Pariante CM, Young AH, Anderson IM, Christmas D, Cowen PJ, Dickens C, Ferrier IN, Geddes J, Gilbody S, Haddad PM, Katona C, Lewis G, Malizia A, McAllister-Williams RH, Ramchandani P, Scott J, Taylor D, Uher R; Members of the Consensus Meeting. Evidence-based guidelines for treating depressive disorders with antidepressants: a revision of the 2008 British Association for psychopharmacology guidelines. J Psychopharmacol. 2015;29(5):459-525. [PubMed] [Google Scholar]
5. Patten SB, Kennedy SH, Lam RW, O’Donovan C, Filteau MJ, Parikh SV, Ravindran AV; Canadian Network for Mood and Anxiety Treatments (CANMAT). Canadian Network for Mood and Anxiety Treatments (CANMAT) clinical guidelines for the management of major depressive disorder in adults. I. Classification, burden and principles of management. J Affect Disord. 2009;117:S5-14. [PubMed] [Google Scholar]
6. Bhargava J, Khan ZY. Comparative evaluation of the efficacy and side effects of imipramine, sertraline and an ayurvedic formulation in patients of depression. J Clin Diagn Res. 2012;6(2):220-5.
7. Ontario HQ. Psychotherapy for major depressive disorder and generalized anxiety disorder: a health technology assessment. Ont Health Technol Assess Ser. 2017;17(15):1-167. [PubMed] [Google Scholar]
8. Shastri K, Pandeya G, Acharya YT. Charaka samhita. Sutra Sthana. Ch. 20. Ver. 11. 8th ed. Varanasi: Choukhambha Sanskrit Sansthan; 2004. 269 p.
9. Shastri K, Pandeya G, Acharya YT. Charaka samhita. Chikitsa Sthana. Ch. 9. Ver. 16. 8th ed. Varanasi: Choukhambha Sanskrit Sansthan; 2004. 160 p.
10. Bhovi P, Hegde RP, Smitha K, D’souza V. A clinical study to evaluate the efficacy of Nasya with Sarshapataila in Vishada (depression). Int Ayur Med J [Internet]. 2020 [cited 2021 Sep 11];8(9):4397-401. Available from: http://www.iamj.in/posts/images/upload/4397_4401.pdf

11. Peethambaran ST. Probable mode of action of Kalyanaka Ghrita in Unmada (insanity) based on analysis of Rasa Panchaka of ingredients-a review. *Int J Ayur Pharma Res.* 2019;7:19-30.
12. Subrahmanyam A, Shrilata. A clinical study on the effect of Hapushadi Yapana Basti in the management of Vishada with special reference to depressive disorder. *Proceedings of Vasti Viveka Conference. Shornur;* 2016.
13. Shastri K, Pandeya G, Acharya YT. *Charaka samhita. Sidhi Sthana. Ch 12. Ver. 16. 8th ed. Varanasi: Choukhambha Sanskrit Sansthan;* 2004. 320 p.
14. Tanna IR, Aghera HB, Ashok BK, Chandola HM. Protective role of Ashwagandharishta and flax seed oil against maximal electroshock induced seizures in albino rats. *Ayu.* 2012 Jan;33(1):114-8. [PubMed] [Google Scholar]
15. Ramana GV, Gupta H, Sudhakar D, Singh R, Rana R, Singhal R. Clinical evaluation of *Ashwagandha* and *Mandookaparni* in the management of *Manodwega* (generalized anxiety disorder). *J Res Ayurvedic Sci.* 2018;2(2):70-9. [Google Scholar]
16. Sharma AK, Kumar R. Studies on Rasayana therapy - antistress effect of *Ashwagandha (Withania somnifera)* - a scientific study. *J Res Ayurvedic Sci.* 2005;26(3-4):54-73.
17. Weiner MA, Weiner J. *Ashwagandha (Indian ginseng).* In: *Herbs that Heal: Prescription for Herbal Healing.* Quantum Books; 1994. p. 70-2.
18. Ahmad M, Saleem S, Ahmad AS, Ansari MA, Yousuf S, Hoda MN, Islam F. Neuroprotective effects of *Withania somnifera* on 6-hydroxydopamine induced parkinsonism in rats. *Hum Exp Toxicol.* 2005;24(3):137-47. [PubMed] [Google Scholar]
19. Reddy VD, Padmavathi P, Paramahansa M, Varadacharyulu NC. Amelioration of alcohol-induced oxidative stress by *Emblica officinalis* (amla) in rats. *Indian J Biochem Biophys.* 2010 Feb;47(1):20-5. [PubMed] [Google Scholar]
20. Reddy VD, Padmavathi P, Gopi S, Paramahansa M, Varadacharyulu NC. Protective effect of *Emblica officinalis* against alcohol-induced hepatic injury by ameliorating oxidative stress in rats. *Indian J Clin Biochem.* 2010;25(4):419-24. [PubMed] [Google Scholar]
21. Sabnis M. *Chemistry and pharmacology of ayurvedic medicinal plants.* Varanasi: Choukhamba Orientalia; 2007. 349 p.
22. Nanda P, Singh JK, Dayal SM. Review of Yashtimadhu on mental health w.s.r to Medhya Rasayana. *AYUSH-DHARA.* 2019;6(4):2325-8.
23. Russo A, Borrelli F. *Bacopa monniera*, a reputed nootropic plant: an overview. *Phytomedicine.* 2005 Apr;12(4):305-17. [PubMed] [Google Scholar]
24. Sairam K, Dorababu M, Goel RK, Bhattacharya SK. Antidepressant activity of standardized extract of *Bacopa monniera* in experimental models of depression in rats. *Phytomedicine.* 2002;9(3):207-11. [PubMed] [Google Scholar]
25. Tubaki BR, Chandrashekar CR, Sudhakar D, Prabha TN, Lavekar GS, Kuttu BM. Clinical efficacy of *Manasamitra Vataka* (an Ayurveda medication) on generalized anxiety disorder with comorbid generalized social phobia: a randomized controlled study. *J Altern Complement Med.* 2012 Jun;18(6):612-21. [PubMed] [Google Scholar]
26. Ther M, Nandane S, Jangle K. Conceptual review on Chitrakadi Vati as a Agnideepan in Mahasrotas. *Int J Ind Med.* 2020;1(1):38-41.
27. Shashtri P, editor. *Sharangdhara A. Sharangdhara samhita. Madhyama khanda. Ch. 6. Ver. 13,14. 6th ed. Varanasi: Chaukhambha Orientalia;* 2005. 178 p.