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## EVIDENCE-BASED INSIGHTS ON AYURVEDA AND YOGA IN INTEGRATIVE MANAGEMENT OF MENTAL HEALTH DISORDERS

**PADMAVEER PS<sup>1</sup>, SWASTHIK<sup>2</sup>, SUSHMA D<sup>3</sup>, GANI VP<sup>4</sup>, NAVEEN AM<sup>5</sup> AND  
SAGARE SS<sup>\*6</sup>**

- 1: BAMS, Postgraduate Scholar, Department of Swasthavritta & Yoga, KAHER's Shri BMK Ayurveda Mahavidyalaya, Belagavi, Karnataka, India, ORCID ID - 0009-0005-9566-986X
- 2: BAMS, Postgraduate Scholar, Department of Swasthavritta & Yoga, KAHER's Shri BMK Ayurveda Mahavidyalaya, Belagavi, Karnataka, India, ORCID ID- 0009-0004-1846-8709
- 3: BAMS, Post Graduate Scholar, Department of Swasthavritta & Yoga, KAHER's Shri BMK Ayurveda Mahavidyalaya, Belagavi, Karnataka, India, ORCID ID - 0009-0009-1294-5339
- 4: BAMS, Post Graduate Scholar, Department of Swasthavritta & Yoga, KAHER's Shri BMK Ayurveda Mahavidyalaya, Belagavi, Karnataka, India, ORCID ID - 0009-0000-6474-7945
- 5: BAMS, Postgraduate, Department of Swasthavritta and Yoga, KAHER's Shri BMK Ayurveda Mahavidyalaya, Belagavi, Karnataka, India, ORCID ID: 0009-0000-5633-0584
- 6: MD (Ayu), Professor, Department of Swasthavritta & Yoga, KAHER's Shri BMK Ayurveda Mahavidyalaya, Belagavi, Karnataka, India, ORCID - 0000-0002-6926-1167

**\*Corresponding Author: Dr. Sandeep S Sagare: E Mail: [sandeepsagare@gmail.com](mailto:sandeepsagare@gmail.com)**

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### ABSTRACT

Mental health disorders, including anxiety, depression, schizophrenia, and bipolar disorder, are rising globally, necessitating holistic and integrative approaches beyond conventional treatments. Ayurveda, an ancient system of medicine, offers a comprehensive framework for mental well-being through dosha balancing, herbal formulations, Panchakarma therapies, and *Medhya Rasayana* (nootropic herbs). *Yoga*, with its practices of *Asanas*, *Pranayama*, and meditation, complements Ayurvedic principles by improving autonomic regulation, stress resilience, and cognitive flexibility. Evidence supports the efficacy of Ayurvedic herbs like *Brahmi*, *Ashwagandha*, and *Jatamansi* in neuroprotection, while techniques such as *Shirodhara* and *Nasya* calm the nervous system. This review explores the synergistic

role of *Ayurveda* and *Yoga* in psychiatric care, emphasizing their impact on neurotransmitter regulation, gut-brain axis modulation, and emotional stability. Although promising, further clinical trials and interdisciplinary research are essential to bridge traditional wisdom with modern psychiatric practice, fostering a more holistic and patient-centred approach to mental health management.

**Keywords:** *Ayurveda*, Mental Health, *Yoga*, *Pranayama*, Integrated Medicine

## INTRODUCTION

Mental health disorders have become a pressing concern in today's fast-paced world, affecting millions globally. Conditions such as depression, anxiety, psychosis, and epilepsy not only disrupt an individual's emotional and psychological stability but also contribute to a decline in overall physical health [1]. The increasing prevalence of these disorders has prompted a search for holistic and integrative treatment approaches that go beyond symptomatic relief. *Ayurveda*, the ancient Indian system of medicine, provides a comprehensive and time-tested framework for understanding and managing mental health disorders [2]. Rooted in the principles of balance and harmony, *Ayurvedic* psychiatry (*Manasa Roga Chikitsa*) emphasizes the interconnectedness of the mind, body, and spirit in maintaining mental well-being [3].

In *Ayurveda*, mental health is closely associated with the equilibrium of the three *doshas*—*Vata*, *Pitta*, and *Kapha*—along with the influence of *Rajas* and *Tamas*, the two dynamic forces governing mental activity [4]. Classical *Ayurvedic* texts, including the *Charaka Samhita*, *Sushruta*

*Samhita*, *Madhava Nidana*, *Bhavaprakasha*, and *Sharangadhara Samhita*, describe various mental disorders under the categories of *Unmada* (psychosis), *Apasmara* (epilepsy), and *Atattvabhinivesha* (obsessive disorders). These conditions arise due to the vitiation of *doshas*, suppression of natural urges, improper diet, and excessive mental stress, which disturb the *Manovaha Srotas* (channels of the mind) and affect cognition, emotions, and behaviour [5]. *Unmada*, as described in *Charaka Samhita* and *Madhava Nidana*, is a broad category of mental illnesses characterized by confusion, erratic behaviour, loss of discrimination, and disturbed thought processes. *Ayurveda* classifies *Unmada* into six types—caused by *Vata*, *Pitta*, *Kapha*, a combination of all three *doshas* (*Sannipataja*), toxic influence (*Vishaja*), or supernatural afflictions (*Bhutonmada*). The symptoms of *Unmada* resemble those of schizophrenia, manic disorders, and severe depressive psychosis in modern psychiatry [6]. Similarly, *Apasmara* (epilepsy) is described as a disorder of consciousness and memory, marked by convulsions, loss of awareness, and abnormal sensory experiences. The

*Bhavaprakasha* and *Madhava Nidana* explain that *Apasmara* results from the obstruction of mental clarity due to vitiated doshas affecting the *Hridaya*, which is considered the seat of consciousness [7]

*Ayurveda* offers a holistic approach to the treatment of mental disorders, integrating herbal medicine, detoxification therapies, dietary modifications, and mind-body interventions. The *Ayurvedic* concept of mental well-being extends beyond mere treatment and emphasizes preventive measures [8]. Daily and seasonal routines like *Dincharya* and *Ritucharya*, ethical conduct-*Sadvritta*, and the regulation of thoughts and emotions are considered essential for mental stability [9]. Classical texts, including the *Charaka Samhita*, highlight the importance of controlling urges related to thought (*Mana*), speech (*Vak*), and actions (*Kaya*), warning against excessive greed, grief, fear, anger, vanity, and jealousy, which can disturb mental harmony [10]. *Ayurveda's* holistic approach aligns closely with modern research, which recognizes the role of gut health, lifestyle modifications, and stress management in psychiatric care [11]. While modern medicine has made significant advancements in psychopharmacology and behavioural therapy, *Ayurveda* provides an integrative approach that addresses the root causes of mental disorders rather than merely alleviating symptoms. Scientific

studies have increasingly validated the efficacy of *Ayurvedic* herbs, detoxification therapies, and mindfulness practices in managing stress, anxiety, depression, and neurodegenerative conditions. However, there remains a need for rigorous clinical trials and interdisciplinary research to bridge the gap between traditional *Ayurvedic* wisdom and contemporary psychiatric practice. In this article, we have compiled the most prevalent mental health disorders and their management strategies, based on well-documented and extensively studied *Ayurvedic* literature as well as research papers.

## MATERIALS & METHODS

### Search Strategy

Databases Searched: A comprehensive literature search was conducted using the following electronic databases: PubMed, Cochrane Library, Scopus, Web of Science, Google Scholar and Embase. Additional sources included manual searches of relevant journals.

### Search Terms and Keywords

The search strategy combined terms related to mental health disorders, *Ayurvedic* treatments, and *Yoga*-based interventions. Examples of search terms included "Ayurveda and mental health," "Traditional medicine for psychiatric disorders," "Holistic management of depression and anxiety," "*Unmada* (psychosis) and *Ayurvedic* treatment," "*Apasmara* (epilepsy)

*Ayurveda*," "*Medhya Rasayana* for cognitive health," "*Doshas* and mental health imbalance," "*Panchakarma* for psychiatric conditions," "*Sattva, Rajas, Tamas* in mental well-being," "*Brahmi, Ashwagandha, and Jatamansi* in mental health," "*Shirodhara* and *Nasya* for stress management," and "*Yoga and Pranayama* for anxiety and depression."

The search was restricted to "peer-reviewed journals," "classical *Ayurvedic* texts," and "clinical studies" focusing on *Ayurvedic* interventions for mental health. Both "English" and "Sanskrit" sources were considered to ensure a comprehensive review of traditional and modern perspectives.

#### **Inclusion and Exclusion Criteria:**

- **Types of Studies:** Included were randomized controlled trials (RCTs), cohort studies, case-control studies, case series, case reports, cross-sectional studies, and systematic reviews.
- **Population:** No restrictions were there based on population
- **Interventions and Comparators:** Studies examining *Ayurvedic* treatments, *yoga* therapy, or a combination of both for managing common Mental health disorders.
- **Language Restrictions:** Only studies published in English were included.

#### **Potential Bias in the Study**

The study may have been influenced by selection and publication biases, excluding non-English studies. Search strategy limitations, variability in database indexing, and heterogeneity in study designs complicated consistent conclusions. Outcome reporting and population biases, along with variability in *Ayurvedic* and *Yoga* interventions, further limited generalizability.

The prevalence of most common Mental Health disorders is searched and the management (evidence based) through *Ayurveda* and *Yoga* are as follows:

#### **1. ANXIETY DISORDERS**

Anxiety disorders are the most common mental illness, including separation anxiety, selective mutism, phobias, social anxiety, generalized anxiety, panic disorder, and agoraphobia. Symptoms include excessive worry, panic attacks, fear, and compulsive behaviours (OCD), leading to distress, avoidance, and impaired daily functioning across childhood and adulthood [12]. A meta-analysis estimated the pooled prevalence of anxiety disorders in India to be 11.6% [13].

For anxiety, internal herbs like *Ashwagandha* (*Withania somnifera* (L.) Dunal.) [14] can be used and formulations like *Manasamitra vataka* [15] *Brahmi vati*, *Saraswatarista* [16] *Nasya with Brahmi Ghritha*, *Abhyanga with Ksheerabala*

Tialam [17] *Brahmigritha-Nasya*, *Ksheerabalataila-Abhyanga*, *Saraswatha-Churna* [18], *Kushmandadi Ghrita* [19], *Ashvagandha Churna* and *Ashvagandha* compound are the compounds with contain the GABA neurotransmitter [20] GABA is the most important inhibitory neurotransmitter in the central nervous system, and GABAergic neurotransmission is thought to play a key role in the regulation of anxiety [21] GABA type A (GABA<sub>A</sub>) receptors are the primary site of action for GABA agonist drugs, which stimulate GABAergic activity and are commonly used in the treatment of anxiety disorders [22] There is substantial pre-clinical evidence suggesting that compounds found in *Ashwagandha* (*Withania somnifera* (L.) Dunal.) interact with and modulate GABA<sub>A</sub> receptors, which may in part explain the anti-anxiety effect of *Ashwagandha* (*Withania somnifera* (L.) Dunal.). Evidence of *Ashwagandha* (*Withania somnifera* (L.) Dunal.) direct GABA-mimetic activity was first demonstrated by Mehta *et al.* (1991), who found that a methanolic root extract of *Ashwagandha* (*Withania somnifera* (L.) Dunal.) increased chloride ion influx in mammalian spinal cord neurons in the absence of GABA and also inhibited GABA binding in a manner similar to GABA<sub>A</sub> receptor agonists [23]. Receptor-binding assays have shown that components in

*Ashwagandha* (*Withania somnifera* (L.) Dunal.) methanolic root extracts display high affinity for GABA<sub>A</sub> receptors, with significantly less affinity for GABA<sub>B</sub>, glutamatergic, and opioid receptors [24]. External therapies like *Yoga* loosening exercises, breathing practices, *Suryanamaskāra*, *Āsanas* along with *Prānāyāma* and relaxation techniques [25]. *Nadi Shodhan Pranayama*, *Ujjayi Pranayama*, *Bhramari Pranayama*, *OM-Kara* [26], *Pranayama* [27], *Yoga Nidra meditation*, *Sahaja Yoga meditation*, *Kundalini Yoga, Meditation* [28], *Sukshma Vyayama*, *Kapalabhati*, *Anulom-Vilom Pranayama*, *Brahmari And Udgeeth Pranayamas Bahya And Ujjayi Pranayamas* [29] and Psychotherapy like Cognitive-behavioral therapy, Self-monitoring, Relaxation training, Cognitive therapy, Imaginary rehearsal of coping skills will help reduces the anxiety disorder [30]. *Yoga* reduces stress and anxiety by improving autonomic functions via triggering neurohormonal mechanisms that suppress sympathetic activity through down-regulation of the hypothalamic–pituitary–adrenal axis [31]. Mindfulness-based practices may also enhance cognitive flexibility, which further helps in controlling anxiety [32].

## 2. DEPRESSION

Depression is a common mental health disorder characterized by persistent sadness,

hopelessness, and a loss of interest or pleasure in activities. At the population level, 3.5% of deaths were attributable to anxiety or depression. It can negatively impact an individual's mood, thoughts, behaviour, and physical well-being. Symptoms of depression may include fatigue, changes in appetite, sleep disturbances, difficulty concentrating, and thoughts of self-harm or suicide. Depression can significantly impair a person's daily functioning, interpersonal relationships, and overall quality of life [33]. In 2019, 280 million people were living with depression, including 23 million children and adolescents [34].

Herbal formulations such as *Bramhi ghrita*, *Ksheerabala taila*, *Gandharvahastyadi eranda taila*, *Balaashwagandha taila*, *Dhanwantara taila*, *Mahakalyanaka ghrita*, *Tab Manasamitravataka*, *Saraswatarishta*, *Jatamamsi Kwatha*, *Saraswatachurna*, *Tab Unmadagajakesari rasa*, [35] *Dashmoola Siddha Ksheera*, *Bala Taila*, *Sarasvata Churna*, *Madhuyashti Churna*, *Shatavari Churna*, *Ashwagandha Churna* [36], *Ayushman-15* [37], *Sarpagandha ghana vati*, *Smrutisagarrasa*, *Ashwagandharishta*, *Dashmoolarishta*, *Draksharishta*, *Anandbhairavrasa*, *Ashokarishta*, *Trikatu*, *Kshirabala taila* are popularly used to treat depression [38]. These treatments decreased *Kapha*, and *Vata*, and aided in sleep promotion, *Mana Prasadana* (mood

restoration), and *Mana Niyamana* (regulation of mind and thoughts) through *Mastishkya* and *Medhaya Rasayana* (nootropic) effect. Decreased *Tama* and increased *Satwa* were observed after *Satwawajaya Chikitsa*. *Manasamitravataka* is effective against GAD [39], while *Ashwagandha* has anxiolytic and anti-depressant activity [40]. Few drugs like *Vacha (Acorus calamus Linn)* [41], *Jatamamsi (Nardostachys jatamansi)* [42] *Brahmi (Bacopa monnieri)* [43], and *Shankhapushpi (Convolvulus prostratus)* [44] have demonstrated anti-depressant activity. *Yoga* like *Bikram*, *Iyengar*, *Siddha Samadhi*, *Sudrashan Kriya Yoga (SKY)*, *Silver Yoga*, and *Sahaj Yoga* [45] And *Hatha Yoga*—Sun salutations, Balancing and relaxation poses (*Savasana*), *Balāsana*, *Padmasana* [46] can also be used along with *Satwawajaya chikitsa (psychotherapy)* *Jnana* (knowledge of self), *Vijnana* (analytic knowledge), *Dhairya* (confidence), *Smriti* (scriptural wisdom), and *Samadhi* (concentration) corrects the negative cognition. Emotional support can be given in the form of *Aswasana*, *Santhwana* (consoling), *Harshana* (motivating) to balance *Manasika* dosha as an integrative approach [47].

### 3. DISRUPTIVE BEHAVIOR AND DISSOCIAL DISORDERS

Disruptive behaviour and dissocial disorders, including Oppositional Defiant

Disorder (ODD) and Conduct Disorder (CD), are mental health conditions characterized by persistent patterns of defiant, aggressive, and rule-breaking behaviours that significantly impact daily life and relationships, The Prevalence of Disruptive behaviour and dissocial disorders is found to be 5.7% [48].

The single herbs which support in Disruptive behaviour and dissocial disorders are - *Jyotishmati* (*Celastrus paniculatus* Wild.), *Brahmi* (*Bacopa monnieri* (L.) Wettst.), *Mandukparni* (*Centella asiatica* (L.) Urb.), *Shankhpushpi* (*Convolvulus pluricaulis* Forssk.), *Jatamansi* (*Nardostachys jatamansi* (D.Don) DC.), *Vacha* (*Acorus calamus* L.), *Ashwagandha* (*Withania somnifera* (L.) Dunal). These drugs help by enhancing cognitive function, reducing stress, improving emotional stability, and promoting neurotransmitter balance, thereby supporting impulse control, mood regulation, and overall mental well-being [49]. The compound formulations which is effective in the disorder is *Saraswatarista* [50].

*Yogasana* where dynamic exercise action is involved should be opted. *Pranayama* such as *Anuloma villoma pranayama*, *Brahmari*, *Seetali* and so on are to be performed on daily basis for reducing the hyperactivity and there by promoting mental stability [51].

#### 4. BIPOLAR DISORDER

Bipolar disorder is characterized by alternating periods of elevated mood (mania or hypomania) and episodes of depression. During manic episodes, individuals may experience heightened energy levels, decreased sleep, racing thoughts, inflated self-esteem, impulsive behaviour, and an exaggerated sense of self-importance. Depressive episodes are marked by sadness, loss of interest, fatigue, and changes in appetite and sleep patterns. Bipolar disorder can profoundly impact an individual's emotions, behaviour, relationships, and overall functioning [52].

In 2019, 40 million people experienced bipolar disorder. People with bipolar disorder experience alternating depressive episodes with periods of manic symptoms [53].

Single herbs like *Ashwagandha* (*Withania somnifera*), *Brahmi* (*Bacopa monnieri*), *Shatavari* (*Asparagus racemosus*), *Shankhpushpa* (*Convolvulus prostrates*), *Nutmeg* (*Myristica fragrans*), *Skull cap* (*Scutellaria lateriflora*), *Kapikachhu* (*Mucuna pruriens*), *Bhringraj* (*Eclipta prostrata*), *Haritaki* (*Terminalia chebula* Retz) can be used to treat the same. It is believed that these nerve tonics help to normalize production of neurotransmitters in brain. *Bacopa monnieri* has been reported to repair damaged neurons by enhancing kinase activity, restoration of synaptic activity, ultimately enhancing nerve impulse

transmission in brain [54]. The nootropic properties of *Brahmi* have been reported to be possibly mediated by its constituent saponins, bacosides A and B through glutaminergic mechanism [55]. And certain ayurvedic formulations such as powdered combination of *Shankhpushpi* (*Convolvulus prostratus Forssk.*), *Sarpagandha* (*Rauwolfia serpentina Benth. Ex Kurz*), and *Gokshura* (*Tribulus terrestris L.*) in the ratio of 1:1:1 and at a dose of 2 g can be administered twice daily, before food. Another *Churna* combination of *Yashti* (*Glycyrrhiza glabra L.*), *Shankupushpi*, and *Ashwagandha* (*Withania somnifera (L.) Dunal*) in the ratio of 1:1:1 can be administered in the dose of 2.5 g twice daily after food.

*Mahatiktaka ghrita* can be administered in a dose of 10 mL at bedtime. *Talam* was done with *Panchagandha churna* and *Ksheerabala taila* can be used [56]. And in integrative approach *Ujjayi* and *Kapalabhati* [57].

When practicing *Yoga* regularly, researchers have shown that several neuroendocrine and autonomic abnormalities linked with depression, such as hypercortisolaemia, and heart rate variability may be normalized [58]. Vagal afferents to autonomic, neuroendocrine, and limbic circuits are thought to be activated by *Yogic* breathing in neurophysiological models, which may help regulate emotions and stress [59].

## 5. SUBSTANCE USE DISORDERS

Substance use disorders involve excessive and compulsive use of substances, such as alcohol or drugs, despite negative consequences. These disorders can lead to addiction, dependence, and withdrawal symptoms. They may also cause mental health issues like mood disorders, anxiety, and cognitive impairments, as well as social and occupational problems. Associated difficulties can include financial troubles, legal issues, and relationship conflicts [60]. The prevalence rate of substance use disorders is from 6.5% to 8.9% globally [61].

Root and leaf extracts of *Ashwagandha* exhibited noteworthy anti-stress and anti-anxiety activity in animal studies and human studies. *Ashwagandha (Withania somnifera)* is a real potent regenerative tonic (*Rasayana of Ayurveda*), due to its multiple pharmacological actions like anti-stress, neuroprotective, antitumor, anti-arthritis, analgesic, and anti-inflammatory etc.

*Virechana* with *Trivrut Leha*, *Anuvasana Basti* with *Brahmi Taila*, and *Raja Yapana Basti*, *Nasya* acts on mental channels, and restores focus, concentration, and awareness. With long-term use it can also enhance memory. *Takradhara* with *Jatamansi* (*Nardostachys jatamansi (D. Don) DC*), aids in *Raktagatavata*, *Anidra*, *Avasada*, *Vatapittaja disorder*, *Ojakshaya* and *Smriti*

*Nasha* [62]. *Yoga* approach that encompasses exercise, meditation, breathing techniques, and concentration. Consequently, many researchers have explored *Yoga* as a therapy for individuals with nicotine-use disorders [63].

## 6. SCHIZOPHRENIA

Schizophrenia, unspecified, is a medical classification recognized by the World Health Organization (WHO) within the category of Mental, Behavioural, and Neurodevelopmental Disorders. This condition constitutes a serious mental illness that significantly influences an individual's cognitive processes, emotional responses, and behaviours. Individuals diagnosed with schizophrenia may exhibit symptoms suggesting a disconnection from reality, which can be distressing for both the affected individuals and their family members or friends. Diagnosis typically occurs between the ages of 16 and 30, often following the first episode of psychosis [64]. Schizophrenia affects approximately 24 million people or 1 in 300 people worldwide. People with schizophrenia have a life expectancy of 10-20 years below that of the general population [65]. The individual herbs that support schizophrenia include *Brahmi* (*Bacopa monnieri* (L.)) and *Tagara* (*Nymphoides macrospermum* (Lin.)) In a study, these herbs were provided to a trial group and compared with a placebo group. The mental state of participants was

assessed using various methods for each herbal preparation. The results generally favoured the short-term effects of chlorpromazine over the herbs. However, this does not rule out the possibility that the herbs could have a short-term effect that may have gone unnoticed [66]. *Shirodhara* with decoction (*Kashaya*) made from dried *Amalaki* (*Embluca officinalis* (Lin)), *Usheera* (*Vetiveria zizanioides* (L.) Nash), and *Guduchi* (*Tinospora cordifolia* (L.)) *Takrapana* with *Ashtachurna Snehapana*, followed by *Virechana* with *Kalyanaka Ghrita* and *Avipathi Churna*. *Shiropichu* can be done using *Shankhpushpi taila*. *Yoga Basti*, which included both *Kashaya Basti* with *Erandamooladi Kashaya* and *Sneha Basti* with *Kalyanaka Ghrita* is also found to be beneficial.

*Ayurvedic panchakarma* procedures followed by polyherbal formulations resulted in symptom improvement in the Undifferentiated type of schizophrenia [66].

## 7. POST-TRAUMATIC STRESS DISORDER (PTSD)

Posttraumatic stress disorder (PTSD) in *Ayurveda* known as *Mada/Madonmada* affects 3.9% of the global population [67], characterized by intrusive symptoms, avoidance, and mood alterations after trauma [68]. *Ayurvedic* herbs like (*Ashwagandha Withania sominfera* (L.) Dunal), *Guduchi* (*Tinospora cordifolia* (Willd.) Hook.f. & Thomson), *Tulsi*

(*Ocimum tenuiflorum* L.), *Aasuka* (*Hippophaes rhamnoides* L.), *Yashtimadhu* (*Glycyrrhiza glabra* L.), *Maricha* (*Piper nigrum* L.), and *Adarka* (*Zingiber officinale* Roscoe) [69] exhibit neuroprotective, anti-inflammatory, anxiolytic, and antidepressant properties. Complementary and Alternative Medicine (CAM), including *Yoga*, is effective for trauma survivors, aiding emotional regulation, reducing hyperarousal, and enhancing vagal activity. Integrating CAM into healthcare provides a holistic approach to PTSD treatment, improving parasympathetic control, lowering stress responses, and fostering self-regulation.

### 8. EATING DISORDERS

Eating disorders are common health problems afflicting mainly female adolescents and young women. They are associated with important physical health and psychosocial morbidity, and carry increased risk of death. Their cause is not yet completely understood and their management is complex, with some patients resisting all available treatments [70].

In 2019, 14 million people experienced eating disorders including almost 3 million children and adolescents. Eating disorders, such as anorexia nervosa and bulimia nervosa, involve abnormal eating and preoccupation with food as well as prominent body weight and shape concerns. The symptoms or behaviours result in

significant risk or damage to health, significant distress, or significant impairment of functioning [71].

Single herbs includes *Shunti* (*Zingiber officinale* Roscoe), *Pippali* (*Piper longum* L.) and *Maricha* (*Piper nigrum* L.) can be used by regulating satiety hormones [72]. In *Ayurveda* classical formulations like *Trikatu*, *Avipathi churna*, *Kashaya* prepared with *Useera*, *Puranadhatri*, *Guluchi churna*, *Gandarvahastadi kashya*, *Pippalyasava*, *Ashtachurnam*, *Kalyanaka gruta*, *Dhanvanthara taila*, *Ksheerabala churnam*+*Kachuradi churnam*, *Haridradi churnam* are used internally and externally [73].

*Yoga* and *Pranayama* interventions like Sitting meditation (*Dhyana*): 5–10 minutes: relaxed breath awareness with focused concentration (*Dharana*) on the present moment and non-judging acceptance especially of the body perception (*Santosha*) and sense withdrawal (*Pratyahara*) Cross-legged seated position, breath coordinated with arm movements, *Marjaryasana* – *Bitilasana*, coordinated with breath rhythm Sidestep Standing forward bend *Uttanasana*, movement to *Tadasana* , *Tadasana*, *Vrksasana*, *Dhyana* 15–20 minutes are useful [74].

### 9. NEURODEVELOPMENTAL DISORDERS (NDDS)

Neurodevelopmental disorders (NDDs) like autism, ADHD, and epilepsy affect ~15% of

children globally [75]. Herbal remedies such as *Brahmi* (*Bacopa monnieri* (L.) Wettst.), *Yastimadhu* (*Glycyrrhiza glabra* L.), *Shatavari* (*Asparagus racemosus* Willd.), and *Mandukaparni* (*Centella asiatica* (L.) Urb). exhibits neuroprotective, antioxidant, and anti-inflammatory properties [76]. Compound formulations like *Brahmi vati*, *Saraswata ghrta*, and *Mentosooth*<sup>R</sup> enhance cognitive function, neurotransmitter levels, and stress response, other medicines such as *Jyotishati Ghrta* and *Swarnaprashan* support neurogenesis and memory [77]. Complementary approaches, including *Yoga*, special diets, and massage, are used by 77.2% of caregivers, particularly for autism and cerebral palsy, promoting mindfulness, coordination, and emotional regulation [78].

## DISCUSSION

The integrative approach of *Ayurveda* and *Yoga* provides a promising complementary strategy for managing mental health disorders. *Ayurveda* emphasizes balancing the doshas, enhancing cognitive function, and restoring mental harmony through herbal formulations, dietary modifications, and detoxification therapies like *Panchakarma*. Many of the herbs discussed are demonstrated to have neuroprotective and adaptogenic effects, supporting stress resilience and emotional stability. Additionally, practices like *Shirodhara* and *Nasya* and other *Panchakarma* therapies aid

in calming the nervous system. *Yoga*, including *Asanas*, *Pranayama*, and meditation, plays a vital role in reducing stress, improving autonomic function, and enhancing neuroplasticity. Scientific studies highlight the efficacy of mindfulness-based therapies in modulating the hypothalamic-pituitary-adrenal (HPA) axis, crucial in managing anxiety and depression. However, further large-scale clinical trials and interdisciplinary research are required to validate these traditional interventions. By integrating *Ayurvedic* principles with modern psychiatric care, a holistic and individualized approach to mental health can be achieved.

## CONCLUSION

*Ayurveda* and *Yoga* offer evidence-based, integrative strategies for managing mental health disorders. Their holistic approach, focusing on mind-body balance, herbal interventions, and mindfulness techniques, enhances mental resilience and emotional well-being. While promising, more rigorous research is needed to standardize treatment protocols and bridge the gap between traditional wisdom and modern medicine. Integrating these practices into mainstream healthcare can provide a more comprehensive, patient-centred approach to mental health management.

## CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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