



AN AYURVEDIC MANAGEMENT OF MANOAVSAD: A CASE STUDY

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Abstract

Background: Depression is a prevalent mental health disorder characterized by persistent low mood, anhedonia, and cognitive as well as somatic disturbances, significantly impairing quality of life. Conventional management typically involves pharmacotherapy and psychotherapy; however, interest in complementary and traditional systems such as *Ayurveda* is growing due to their holistic approach.

Methods: This paper presents a case study on the management of depression through *Ayurvedic* interventions. The patient, diagnosed with symptoms corresponding to *Vishada* (a psychological disorder described in classical texts), was treated using a combination of herbal formulations (*Medhya Rasayanas* such as *Brahmi* [*Bacopa monnieri*], *Shankhpushpi* [*Convolvulus pluricaulis*], and *Ashwagandha* [*Withania somnifera*]), *Panchakarma* procedures (*Shirodhara*, *Abhyanga*), dietary regulation (*Satvika Ahara*), and lifestyle modifications including yoga and meditation.

Result: Over a 12-week period, the patient showed significant improvement in mood, energy levels, and sleep quality, with no adverse effects reported.

Discussion and conclusion: This case highlights the potential of *Ayurvedic* management in addressing depression through mind-body balance, emphasizing the need for integrative clinical research to validate efficacy and safety.

Key words- *Ayurveda*, *Vishada*, Depression.

1) Introduction:

According to Ayurvedic scriptures *Vişada*/*Avasada* as mind disorders linked to *tamo- guṇa* predominance. Typical mappings include *Vata/Kapha* involvement and depletion of *ojas/sattva*, manifesting as low mood, anhedonia, sleep/appetite change, and psychomotor disturbance. *Manoavasaad* defined the condition where the mind become slow or unstable. The symptoms of *Manoavasaad* are *visanga* (isolation), *adheerata* (loss of concentration), *arati* (grief), *apraharsha* (sadness), *karmahani* (reduce the working ability), suicidal thoughts etc. Depression – due to *vata dosha* vitiation and *hinasattwa*, *manasika dushti - tama pradhana* raja guna.

CASE REPORT - A 28 year old male patient came to OPD of RB Ayurvedic Medical College, Agra on 16 nov. 2024. Patient name- Ajay kumar, Age/Sex - 28/M, OPD NUMBER – 48959 Address – Tedibagiya, Agra, (UP).

Chief complaints – Low mood, sleeplessness, Loss of appetite, anxiety, reduced concentration, Overthinking Since 9 months

History of present Illness – patient was asymptomatic before nine months. Then he developed the habit of overthinking, anxiety and gradually he developed very frequent episodes of wakefulness, loss of appetite and mood swings.

History of Past illness and family History – no significant history was found.

Disease presentation –

General examination – weight- 70 kgs. Height– 5.9 feet BP – 120/70 mmHg Pulse - 74/min respiratory rate – 18 per minute, Pallor – no, Jaundice - no. Appetite. – reduced, Bowel

/bladder habit – no constipation and normal micturition, Sleep – reduced to sleep with episodes of wakefulness

Systemic Examination –

Gastrointestinal system – soft abdomen, with no tenderness and no organomegaly

Respiratory system – symmetrical chest and no other sound **Cardiovascular examination** – S1,S2 was normal and no murmuring found **Locomotor examination** – normal

CNS examination – Muscle movement coordination – good Knee heel test – normal Finger to nose test – positive
Involuntary movements – normal

Ashtavidha Pareeksha

Nadi	Vata- Paittik	Drik	Samanya
Mala	Nirama	Shabda	Samanya
Mutra	Samanya	Sparsha	Samanya
Jihva	Samanya	Akruti	Krusha

Diagnosis – Manoavsad (Depression- severe stage)

Interventions- shaman chikitsa

FROM 16/11/24 to 30/11/24

- 1) Ashwagandha Churna 3gm BD
- 2) Smritisagar Ras 1tab BD
- 3) Brahmi Vati 1tab BD
- 4) Shankh Vati 1tab BD

Establish routine sleep–wake, sunlight exposure, gentle daily movement, caffeine/alcohol reduction; begin Satvavajaya elements (breath work, structured day plan).

FROM 1/12/24 TO 20/12/24

- 1) Mansyadi Kwath 10gm BD
- 2) Smritisagar Ras 1tab BD
- 3) Brahmi Vati 1tab BD
- 4) Shankh Vati 1tab BD

FROM 21/12/24 TO 5/1/25

- 1) Mansyadi Kwath 10gm BD
- 2) Smritisagar Ras 1tab BD
- 3) Tab Brahmi Gold 1tab BD
- 4) Saraswtarishta 20ml BD With Milk
- 5) Sirodharaand Snehan By Brahmi Taila+Jyotishmati Taila+Til Taila ,Sarvang Abhyang Swedan

FROM 6/1/25 TO 20/1/25

- 1) Mansyadi Kwath 10gm BD 2)Smritisagar Ras 1tab BD
- 3) Tab Brahmi Gold 1tab BD
- 4) Saraswtarishta 20ml BD With Milk
- 5) Sirodharaand Snehan By Brahmi Taila+Jyotishmati Taila+Til Taila ,Sarvang Abhyang Swedan

FROM 21/1/25 TO 1/2/25

- 1)Mansyadi Kwath 10gm BD
- 2) Tab Brahmi Gold 1tab BD 3)Manasmitrak Vatak 1Tab BD
- 3) Saraswtarishta 20ml BD With Milk
- 4) Siro Abhyang With almond oil And Pratimarsh Nasya With almond oil

FROM 2/2/25 TO 17/2/25

- 1) Panch Gavya Grhit Itsp OD
- 2) Ashwagandha Churna 3gm BD
- 3) Tab Brahmi Gold 1tab BD
- 4) Saraswtarishta 20ml BDWith Milk
- 5) Siro Abhyang With almond oil And Pratimarsh Nasya With almond oil

Observation- Initially patient was unable to sleep during day and night but after two visits a clear reduction in the frequent episodes of wakefulness was seen as patient started to have a sleep of 6 hours without any disturbance. Appetite was improved after the very first visit and RNT(repeated negative thinking) also reduced subsequently by counselling and medication. Anger issues, suicidal thoughts and mood swings gradually decreased with the course of treatment. The intensive depression state of patient came down to no depression with a very mild stress. And after having the full treatment course patient felt very relaxed, noticed lightness in body and mind and he is having a proper sleep of 6-8 hours without any wakefulness. Patient achieved an overall satisfaction by himself through this treatment.

Duration of treatment - 90 days

Criteria of assessment-

Insomnia- ISI (insomnia severity index)

Overthinking- PTQ (Perseverative Thinking Questionnaire) – 04

BT	AT
Severe insomnia	Subthreshold insomnia
Excessive overthinking	No overthinking
Severe stress	Mild stress

Results - With an even course of treatment, the patient's condition got better. He was unable to sleep before treatment began, but once medication was over, he was able to sleep effortlessly, and his appetite also improved effectively.

Discussion – According to ayurveda, Manoavasaad is due to the dushti of manasika dosas (raja and Tama) and obstruction of Manovaha srotas . Therefore, the principle of treatment was to cure Mana (mind) by medhya dravyas (drugs) and to improve the circulation in the brain by Panchkarma therapies. The Mansyadi kwath is the combination of Jatamansi (Nardostachys jatamansi), Ashwagandha(Withania Somnifera),and parsika yavani Hyocymus niger) in the ratio of 8:4:1 helps to cure the symptoms of insomnia, anxiety, depression, etc. It shows CNS depressant activity. Saraswtarishta is the herbo- mineral combination of 18 herbal drug out of which Some are medhya in nature like brahmi, guduchi,etc. Manasmitra vatkam is the formulation of medhya drugs like Shankhpushpi,

Vacha, Swarna, Guduchi,etc. It is tridosahara and acts as anti stress, anti-depressant, anti- oxidant, anxiolytic , etc. It improves the supply of oxygen in brain cells. Brahmi gold vati is the composition of various drugs with the dominance of brahmi(Bacopa monnieri) . It balances vata pitta and is cold in nature with the effect of improving intelligence. Swarna bhasma balance is the three doshas in body and is also cold in nature,acts as Nervine tonic, analgesic, anti stress agent, immuno modulator, etc.

Sirodhara/Abhyanga (oil streaming/full-body oiling): Recent clinical work suggests reductions in serum cortisol and improved anxiety/stress markers; depression-specific RCT data remain limited, but these may be supportive adjuncts for arousal/sleep dysregulation.

Abhyang (massage) of head with goghrit advised due to its properties of pacify, the three doshas and its is medhya effect. It is also a good rasayan (rejuvenator). Snehan (oleation therapy) and shirodhara with brahmi taila,jyotishmati taila and til taila due to the medhya effect also by performing the procedure there is increase in the blood circulation of the brain due to which hypothalamus, pitiutary gland, etc. becomes active. Nasya(nasal drops) of Badam rogan oil were given because it possess vatahara qualities and is a good strengthening agent (balya) as it has guru and snigdha guna and hot potency.

Conclusion - Stress constitutes a state of threatened homeostasis triggered by intrinsic or extrinsic adverse forces (stressors). So, on the basis of signs and synptoms stress can be correlated with *manoavasaad* in ayurvedic science. The ayurvedic drug therapy contributed much in improving the quality of patient's life by curing the disease. Also the panchakarma procedures helps to fasten this process of healing. The results founded were encouraging and worth documenting.

Limitations & research gaps

Most Ayurvedic depression data involve small samples, short durations, mixed endpoints (stress/anxiety), and variable product standardization. High-quality, adequately powered RCTs with MDD diagnostic criteria, preregistration, and safety monitoring are needed— especially for classical compound formulations and Panchakarma procedures.

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