Journal of Neonatal Surgery
ISSN(Online): 2226-0439
Vol. 14, Issue 18s (2025)
https://www.jneonatalsurg.com

OPEN ACCESS

Ayurvedic Management of Depressive Disorder – A Case Study

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Cite this paper as: Dr. Sunilkumar M. Chabanur, Dr. D.G. Dipankar, (2025) Ayurvedic Management of Depressive Disorder – A Case Study. *Journal of Neonatal Surgery*, 14 (18s), 613-620.

ABSTRACT

Depressive Disorder (DD) is a persistent and episodic condition characterized by disturbances in mood, interest, cognition, and vegetative functions. It significantly impacts patients' quality of life, influencing their physical, mental, personal, social, and spiritual well-being. The terms Vishada and Avasada refer to milder depressive episodes and can be likened to Kaphaja Unmada.

The current case presented involved symptoms of sadness, feelings of worthlessness, helplessness, thoughts of death, and disrupted sleep, leading to a diagnosis of DD according to DSM V criteria. The Ayurvedic assessment identified Kaphaja Unmada, indicating an imbalance of kapha-dominant vata and tama dosha. A mental examination revealed disturbances in mana (mind), buddhi (intellect), smriti (memory), bhakti (desire), sheela (temperament), chest (psychomotor activity), and achara (conduct). The patient was classified as Avara Satwa. The management plan included Ayurvedic treatments, specifically Yuktivypasharaya (pharmacological approach), utilizing Ghritapaana and Pratimarsha Nasya with Panchapavya Ghrita. The treatment spanned 30 days, incorporating both Ghritapaana and Pratimarsha Nasya. Follow-up assessments indicated a significant reduction in Hamilton depression rating scores from 31 to 6. The patient's self-reported anxiety decreased by the 10th day, and by the 30th day of treatment, there was a notable remission. Improvements were maintained even during the non-interventional observation period. Therefore, the Ayurvedic integrative management demonstrated effectiveness in treating DD.

Keywords: Depressive Disorder, Kaphaja Unmada, Ayurveda, Ghritapaana, Pratimarsha Nasya.

1. INTRODUCTION

Depressive Disorder (DD) is a prevalent mental health condition that disrupts mood, interest, and enjoyment, while also affecting cognitive functions and vegetative symptoms. It ranks as the second leading cause of disease burden1. The quality of life for patients is significantly diminished by this condition. In light of the effects of depression, the World Health Organization adopted the slogan "Depression–Let's talk" for World Health Day 2017. Major Depressive Disorder (MDD) is a persistent condition characterized by considerable fluctuations in remission and chronicity. In India, the prevalence is notably high, affecting approximately 48.5 million individuals2. A comprehensive survey conducted in South India indicated a depression prevalence rate of 15.1% after adjusting for age based on 2001 census data3. Additionally, research in a primary care environment revealed a prevalence of 30%, with 66% of cases being overlooked by healthcare providers4. The incidence of depression is 2.1 times greater in women compared to men5. An epidemiological study highlighted the prevalence of substance abuse among MDD patients, including alcohol abuse (4.8%), alcohol dependence (4.5%), cannabis abuse (2.5%), cannabis dependence (2.9%), and abuse and dependence of other drugs (2.3% and 2.9%, respectively)6. Furthermore, the rate of suicide attempts among individuals with MDD ranges from 30% to 40%7.

The etiology of depression is multifaceted, involving a combination of genetic, environmental, epigenetic, gender, and personality traits, alongside biological factors related to the hypothalamic-pituitary-adrenal axis, central nervous system, immune system, and endocrine components. Environmental stressors, such as financial difficulties, significant health issues, and bereavement, often precede the onset of depression in adults. Depressive episodes can begin in childhood or adolescence and may persist into adulthood. In many instances, depression is a lifelong episodic disorder marked by

recurrent episodes. Even during remission, patients frequently experience residual symptoms and functional impairments8. A chronic, unremitting course is observed in 20% to 25% of patients9. Additionally, MDD is linked to an elevated risk of developing diabetes mellitus, cardiovascular disease, and stroke10.

Current treatment approaches encompass both pharmacological and psychological components. Individuals experiencing moderate to severe depression typically require medication, either alone or in combination with psychotherapy11. The treatment process consists of two phases: an initial phase lasting about six months, followed by a maintenance phase that generally extends for 9 to 12 months. The primary goal of the initial phase is to achieve remission and restore psychosocial functioning, while the maintenance phase focuses on preventing the recurrence of symptoms12. Common psychopharmacological treatments include selective serotonin reuptake inhibitors (SSRIs), tricyclic and tetracyclic antidepressants, serotonin-norepinephrine reuptake inhibitors (SNRIs), and monoamine oxidase inhibitors (MAOIs). Additionally, transcranial magnetic stimulation and vagus nerve stimulation have shown efficacy in treating depression. Various psychotherapeutic methods, such as cognitive behavioral therapy, interpersonal therapy, behavioral activation therapy, psychodynamic therapy, problem-solving therapy, and mindfulness-based therapy, have also proven beneficial13. However, traditional antidepressants are associated with several adverse effects, including sedation, tremors, sexual dysfunction, and weight gain14. Research indicates that adherence to antidepressant regimens is often low due to patients' concerns regarding dependency and side effects15.

In Ayurveda, depressive disorders can be closely associated with Kaphaja Unmada in severe instances, while milder cases may relate to vishada and avasada. Severe cases typically exhibit disturbances in Kaphapradhana Tridosha, whereas mild cases show Kaphavataja imbalances. Ayurvedic texts provide fragmented information regarding mental disturbances and their treatments. Vishada is identified as one of the vatajanatatmajavikara16.

The mental disturbance involved is characterized by a predominance of Tama in the raja Dosha. Vishada is more commonly observed in individuals with decreased mental strength (Hina Satwa Purusha). Symptoms include Avasada, which affects the mind, speech, and body17. The presence of Vishada exacerbates existing health conditions (C.S.Su.25.40) (refer to Table 1). The Ayurvedic perspective on depression aligns with Kaphaja Unmada. In cases exhibiting Vataja symptoms, Vataja unmade Chikitsa is also included. Depending on the specific condition, treatments such as Vamana, Snehapana, Snidgavirechana, Sarvang Abahyanga, and Mastiskya Chikitsa may prove beneficial. The integration of Panchakarma, oral medications, Satwawajaya, and Daiwivyapashraya can significantly contribute to the holistic management of Major Depressive Disorder (MDD).

Table 1

S.No	MDD Aetiopathology	Textual Information –Vishada/*Kaphaja Unmada*	Patient manifestations
1.	**Factors**-5-HTTLPR polymorphism	*Bijadusti* is the cause in many diseases. Hence it can be involved in vishada	No familial history
2.	**Psycho Social Factors-**Job loss, marital difficulties, major health problems, and loss of close personal relationships	शोकः पुत्रादिदियोगेदित्तोद्वेगः अदिद्धिभयादद्वदिधेषुकर्मि◌ाि◌ोऽप्रिदत्तः दिषाि◌ः (*Chakrapani*- C. Su 7/27) Death of son, performance or antcipatory anxiety in chronic course	Interpersonal issues with husband, Mother in law, domestic violence, *manoabhighata*
3.	**Personality**-Obsessive-Compulsive, histirionic, borderline	*Manogata-Tamasikadosha Shareerigata-vatadosha*	*TamasikaPrakurti*
4.	**Pathogenesis**		
5.	Neurotransmitter-Serotonine, Ephinephrine, GABA	*Tama pradhanarajadosha*	*Tama pradhanaprakurti, Kaphapittajaprakurti*
6.	HPA axis, Neural circuitry –Central nucleus, limbic system dysfunction	*Vata* (*Pranavata*) regulates the functioning of mind (*Niyantapraneta cha manasa* (C.Su.12/8)). *Avalambakakaphadusti* leads to *hrudayadusti*	*KaphaVata*
7.	Psychology theory	*Tama pradhana Raja*	*Tama pradhana Raja*
8.	**Clinical manifestations**	*Chinta, bhaya, shokakrodhalobhamohairshya* have etiological role in many diseases[@]. Hence, these are considered as manifestations	
9.	Neurological manifestations-	*Vatavyadhi* (ch chi 28/17), *Sanjaanasha, moha* (C.Su.24.28)	Backache, tinnitus

	Autonomic dysfunction like headache, giddiness, tinnitus.		
10	Respiratory-Dyspnoea	*Shoshana* (C. Su. 25/40),	
11	Gastrointestinal- ss of appetite, increased appetite, weight loss, obesity	*Karshya* (C.Su.21.29) Jwara (C.Ni 1/19), *Ama* (C .V.2/8), *Trushna* (C Chi 22/4) *Chardi* (C. Chi 20/7), *Atisara* (C.Chi 19/6–8), *Aruchi* (C.Chi 26/124)	
12	Urogenital-Erectile dysfunction	*ManasikaKlaibhya* (S.S.Chi 26/9)	
13	Psychological-Anhedonia anxiety, worthlessness, helplessness, hopelessness, solitary	*Shoka, dainya, vishada, unmada, apasmara*	*Shoka, dainya, vishada, vishada, chinta, bhaya, krodha, dainya*
14	Secondary Depression- Any chronic disorders. Irritable Bowel Syndrome, chronic fatigue syndrome (CFS), obesity, type 2 diabetes mellitus chronic pain conditions	Any chronic condition cause *vata* and *raja* – *tama* increase. *Vishadrogavardhanam*. *Shoka* causes chachexia (शोकः शोषणानां. *Jara*)	
15	Treatment – TCA, SSRI, benzodiazepines, electroconvulsive therapy		
16	Psychotherpies-Psycosocial therapy, cognitive therapy, i nterpersonal, therapy behaviour therapy psychoanalytically-oriented, therapy, family therapy, sleep deprivation, vagal nerve stimulation, phototherapy	*Yuktivyapasharaya, satwawajaya, Daivivyapashraya, Snehapana* *Langhana* (C.Chi. 3/139), *Ashwasana* (C.Chi. 3/320) (C. Chi 9/86), *Harshana* (C. Chi. 3/321), *Saddvakhya* (C. Chi 3/321) *Ishtadravyaprapti* (C.Chi 9/86), *Santwana* (C. Chi 9/86) *Pratidwandwachikitsa* (C. Chi 9/86)	*Yuktivyapasharaya, Satwawajaya-Manajnana, Manaprasadan, Mananigrahana, aswasana, Pratidwandwachikitsa, manavijanana. Daivivyapashraya*

2. PATIENT INFORMATION

A 30-year-old female patient reported experiencing disrupted sleep, feelings of sadness, worthlessness, and helplessness, along with an increase in crying spells over the past year, with a notable worsening of symptoms in the last two months. She sought consultation at BVVS Ayurveda Medical College & Hospital outpatient department to investigate the potential benefits of Ayurvedic treatment (8.9.2011). This case report adheres to the CARE case report guidelines (http://www.care-statement.org).

Clinical Findings and Diagnostic Assessments

Upon examination, the patient's pulse rate was found to be 68 beats per minute and regular; her blood pressure measured 120/76 mmHg, temperature was recorded at 97.6°F, and respiratory rate was 16 breaths per minute. Her height was 150 cm and weight was 55 kg. Systemic examinations revealed normal findings in the respiratory system, with vesicular breathing and no additional sounds. The cardiovascular system showed no murmurs, and both S1 and S2 heart sounds were audible. No abnormalities were observed in the integumentary system, and the digestive system appeared to be unaffected. However, within the nervous system, there were slight impairments in higher mental functions such as attention and concentration, as well as in abstract thinking. Additionally, aspects of speech, including intensity and speed, were diminished. The patient underwent a comprehensive psychiatric evaluation based on the information provided by them. The individual presented as dull, with a low voice, poor eye contact, passive gestures, episodes of crying, irritability, impulsivity, diminished personal hygiene, excessive worry, and uncontrollable anxiety throughout most of the day. They expressed feelings of worthlessness and helplessness, had thoughts of death, and had withdrawn from family and friends. The patient reported ongoing disputes with their husband since marriage. Other symptoms included sleep disturbances, headaches, and fatigue. The patient is employed as a software engineer. There was no notable medical history. The Manapareeksha assessment indicated disturbances in the components of Mana, Buddhi, Smruti, Bhakti, Sheela, Chesta, and Achara (refer to Table 2). The patient's Prakurti was classified as Tamasikaprakurti and Kaphapittajaprakurti.

Table 2
Assessment of Manas

S.No	***Manapareeksha***	**Patient manifestations**
1.	*Manadusti*–(Abnormality in *mana*)	Abnoramlity was noted in *chintya*, *vicharya*, *uhya*, *dhyeya* and *sankalpa*. *Chintya* (process of thinking) abnormality was negatively biased thoughts. *Vicaryam* (Circumspection - Means of knowing pros/cons) was pessimistic anticipation, *uhyam* (cogitation - The method of speculation) was generalized passimism, *Dhyeyam* (Contemplation -The technique of concentration) was assessment of events as hurting, harming and pessimistic. *Sankalpa* (Conviction- The act of decision) pessimistic emotional judgment associated with withdrawal, aversion, hatredness, solitary confinement and death wishes. *Mananigraha* was reduced. Decreased interest in *indriyaartha*. *Swanigraha* was deranged and failed to control her thoughts and mood. *Manadosha* were *shoka, vishada, chinta, bhaya, krodha, dainya*
2.	*Buddhidusti*- (Abnormality in *buddhi*)	Abnormal, emotional judgment and perceptions. Assessment of all events through pessimistic approach, non coping, maladaptive mechanisms. Rigid and lacks adaptive ability to changing circumstances. Viewing family members activities and communications as hurting, disrespecting etc and refrains from participating and contributing in family activities. Reactively family members have disengaged from her. These events over time have made her to make judgment of worthless, hopeless, unwanted, persecuted.
3.	*Smrutidusti*–(Abnormality in memory)	Ruminations of past painful memories, not accounting pleasureful memories. Memorizing only hurting events.
4.	*Bhaktidusti*- (Abnormality in desire etc)	Reduced interest in food, personal care, hygiene, recreation,
5.	*Shiladusti*– (Abnormality in temperament, etc)	Irritability, excitability, emotionally labile, mood congruentbehaviours, impulsive, reduced personal care and hygiene
6.	*Chesta* and *Acharadusti*–(Abnormality in psychomotor activity and conduct)	General activity reduced, crying spells, social activity reduced, speech poverty, reduced personal care and hygiene

Timeline

History

The patient is software professional in the IT/BT sector, belonging to an upper middle-class socio-economic background and is married. At the time of her consultation, she was residing with her parents. She had been in good health until her marriage five years ago. Subsequently, she encountered interpersonal conflicts with her husband and mother-in-law. Her husband exhibited excessive suspicion regarding her fidelity, displaying traits of overprotection, possessiveness,

dominance, and harshness, which contributed to marital discord. As a result, she was compelled to isolate herself and faced limitations on her social interactions. The patient frequently endured domestic violence and physical abuse from both her husband and mother-in-law. Approximately one year ago, she began to experience depressive symptoms accompanied by insomnia. She struggled with adjustment issues, felt marginalized within her family, and her interpersonal relationships deteriorated significantly. Despite ongoing medication, her symptoms intensified over the past year, prompting her to seek treatment at BVVS Ayurveda Medical College & Hospital OPD to investigate the potential benefits of Ayurvedic therapy.

3. THERAPEUTIC INTERVENTION

The patient was diagnosed with Kapahaja Unmada and met the diagnostic criteria for depressive disorder18. The predominant Doshas identified were tama and Kapha-Vata. The management plan included Ghritapaana with Panchagavya Ghrita and Pratimarsha Nasya with Panchagavya Ghrita over a one-month period. A detailed treatment algorithm, including the chronology, duration of treatment, medications used, dosages, and other relevant information, is provided in Table 4. The principles and practices of Panchakarma19 were strictly followed during the various interventions.

Table 4
Intervention through oral medications at different time points.
Shamana Chikitsa Intervention period in days.

S.No	Shamana Chikitsa	Intervention period in days 01–30
1.	Panchagavya Ghrita Paana	10ml morning and evening
2.	Pratimarsha Nasya	Two drops in each nostril in morning

1. Panchagavya Ghrita Paana and Pratimarsha Nasya involve the administration of 10 ml in the morning and evening, with two drops applied in each nostril during the morning

3. SATWAWAJAYA CHIKITSA

Consisted of 30-minute counseling sessions that encompassed various elements. These included Mana Jnana, which focused on educating the individual about her strengths and weaknesses, as well as addressing mental abnormalities such as misinterpretations, diminished coping abilities, poor communication skills, rigidity in adapting to change, reduced social interaction, mood-congruent judgments, and pessimistic outlooks on events. Manoprasadana involved relaxation techniques such as walking, Pranayama, and Ashawasana. Manonigraha focused on mind control strategies, including the replacement of stressful thoughts with neutral or positive ones, reinforcement techniques, engaging in conversations, and participating in enjoyable activities. Pratidwandwa Chikitsa emphasized self-suggestion through positive affirmations to counter negative perceptions of people and events, actively neutralizing painful past experiences, and employing the Harshana technique to engage in pleasurable activities. Aashwasanadi included elements of Santwana (providing assurance) and Dhairya (a motivational approach). The feedback approach involved self-assessment of worry and relaxation states, along with the implementation of corrective measures for the following day. Lastly, Manavijanana addressed communication skills, problem-solving abilities, conflict management, coping strategies, socialization skills, and a Samadhi-equanimous approach to sensory perceptions. The Daiwivypashraya Chikitsa incorporated activities such as reading spiritual literature, chanting devotional songs, and writing the names of deities on paper.

4. FOLLOW-UP AND OUTCOMES

The patient received treatment on an outpatient basis and was instructed to return for a follow-up appointment after 15 days. Throughout this period, the patient was educated on how to evaluate and quantify their levels of worry and relaxation on a daily basis. This information was utilized to adjust the Satwawajaya Chikitsa approach. During the treatment, the patient exhibited notable improvements in various areas, including worry, relaxation, and feelings of sadness, helplessness, worthlessness, sleep quality, tinnitus, and back pain. There was a marked decrease in disinterest, and the patient began to enjoy previous hobbies, such as music, and engaged more with fellow patients. Self-reported worry diminished from 16 hours per day to 5 hours per day, while the self-reported relaxed state improved from 0.5 hours per day to 8 hours per day. Additionally, the total score on the Hamilton Depression Rating Scale (HDRS) decreased from 31 to 24. A consistent trend of improvement was observed throughout the treatment period (see Table 5).

Table 5
Assessments During the Intervention Period. S.No Days of Intervention

S.No	Days of Intervention	1st day (Date)	15th day	31stday
1.	Daily dairy-Worry (hrs/day)	16	5	3
2.	Daily dairy-Relaxed state (hrs/day)	½	8	11
3.	Sleep (in hrs)	7	7	7
4.	HDRS Scores	31	24	24

5. DISCUSSION

The management of Major Depressive Disorder (MDD) through an integrative Ayurveda approach demonstrated effectiveness and was consistently maintained throughout the observation period.
The patient presented with a predominance of Tama in conjunction with Raja and a Kapha-Vata imbalance, diagnosed with Kaphaaja Unmada and severe depressive disorder, indicated by a Hamilton Depression Rating Scale (HDRS) score of 31. A treatment plan was established that included oral medications and Satwawajaya therapies.
These interventions, along with the prescribed medications, contributed to a reduction in Kapha and Vata doshas, facilitated improved sleep, and promoted mood restoration (Manaprasadana) and mental regulation (Mananiyamana) through the nootropic effects of Mastishkya and Medhaya Rasayana.
Following the Satwawajayachikitsa, a decrease in Tama and an increase in Satwa were noted. The Satwawajaya Chikitsa encompassed various elements, including Manajnana, Manaprasadana, Mananigrahana, Pratidwandwa Chikitsa, Aswasana, and Manavijanana.
The patient was cooperative and actively engaged in the techniques recommended during counseling sessions. Having suffered from chronic depression for 33 years and being on various psychiatric medications for the past 15 years, specific details regarding these medications were unavailable for assessment. The Ayurvedic diagnosis was Kaphaaja Unmada, and the management focused on rectifying the imbalances in Kapha, Vata, and Tama, as well as addressing components of Manavaha Srotas such as Mana, Budhi, Smruti, Bhakti, Sheel, Chesta, and Acha ra.
An integrative protocol that included Panchakarma procedures (Virechana, Sarvanga Abhyanga, Bhaspasweda, Shirodhara, Shiropichu), oral medications (Medhya, Rasayana), and Satwawajaya Chikitsa was implemented over a 30-day period, resulting in effective management of Kaphaaja Unmada, or MDD.
The oral medications proved effective against the Kapha and Vata Doshas. The treatment yielded successful outcomes, and Ayurvedic medications were subsequently withdrawn. Nonetheless, this case necessitates long-term follow-up for further observation.
The interventions employed in this study demonstrate effective management of various psychiatric disorders, exhibiting both psychotropic and neurotropic properties. Research indicates that Ayurvedic treatment utilizing oral medications has proven beneficial in addressing Major Depressive Disorder (MDD) 20. Several oral medications and their components have shown psychotropic effects, with Manasamitra Vataka being particularly effective for Generalized Anxiety Disorder (GAD) [21].

6. CONCLUSION

The Ayurvedic integrative protocol successfully addressed Kaphaja Unmada, or MDD. This approach not only reduced the levels of Kapha and Vata—biological factors associated with depression—but also enhanced mental strength (Manabala) by transforming the thought processes (Chintya, Vicharya, Uhya, Dheya, Sankalpa) and cognitive restructuring (Buddhi). These changes contributed to improvements in devotion (Bhakti), character (Sheela), effort (Chesta), and behavior (Achar), ultimately promoting health by balancing both internal (Shareerika and Manasikadosha) and external environments through social and spiritual well-being.

7. PATIENT PERSPECTIVE

The patient reported feeling revitalized and positive. Her mental health, familial relationships, communication with her husband, and social interactions showed significant improvement. In comparison to previous treatments, the current interventions yielded higher compliance. The patient's husband noted that she followed the treatment regimen with minimal reminders or pressure.

8. INFORMED CONSENT

Informed consent was obtained from the patient prior to the commencement of this study.

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