ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Review Article

SYNERGIZING PUBLIC MENTAL HEALTH AND AYURVEDIC PSYCHOTHERAPY

Bharath M[1]*, Dhanya KV[2], Durgalakshmi S[3]

*[1]PG Scholar, [2]Professor and Head, [3]Associate Professor, Department of Roganidanam, Amrita School of Ayurved, Kerala, India.

Article info

Article History:
Received: 06-06-2026
Accepted: 11-07-2026
Published: 15-08-2026

KEYWORDS:
Manas, Gunas, Karma, Atma, Mental health.

ABSTRACT

WHO defines mental health as a state of well-being that enables individuals to manage stress, realize their potential, work productively, and contribute to society. Mental disorders adversely affect interpersonal relationships, productivity, education, and daily functioning and are associated with higher mortality and human rights issues. **Methods:** The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) provides standardized diagnostic criteria for identifying mental health conditions, emphasizing anxiety, depressive, trauma-related, and personality disorders. **Results:** To address the global burden, WHO launched the Comprehensive Mental Health Action Plan, promoting leadership, community-based care, prevention, and data-driven strategies. Additionally, the Special Initiative for Mental Health targets providing affordable, quality mental health care to 100 million additional people across 12 countries. **Discussion:** Ayurveda conceptualizes the mind as the *Antahkarana*, which processes sensory input and governs *Dhee* (intelligence), *Prajna* (consciousness), and *Smrti* (memory). It emphasizes *Sattva-guna*, fostering clarity and balance through *Sattvavajaya* (psychotherapy), *Yukti-vyapasraya* (rational therapy), and *Daiva-vyapasraya* (spiritual therapy), integrated with ethical living and *Yoga* practices. **Conclusion:** Integrating WHO's evidence-based initiatives with Ayurvedic mind–body principles may strengthen prevention, reduce treatment disparities, and promote holistic mental well-being globally.

INTRODUCTION

In 1908, Sir Clifford Beers, a former psychiatric patient, published *"A Mind That Found Itself"*. His writings sparked the Mental Hygiene Movement, shifting focus from poor hospital conditions to the promotion of psychological wellness. In the mid-20th century, influential psychiatrists like Dr. Karl Menninger began formalizing the definition of mental health in 1947 as a balance between individuals and their environment that enables effective personal and social functioning.[1]

As per WHO, Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community. Conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm.

Access this article online

Quick Response Code

https://doi.org/10.47070/ijapr.v14i8.4267

In 1967, Wolberg defined psychotherapy as the treatment by psychological means, of problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the object of removing and modifying or retarding existing symptoms, of mediating disturbed patterns of behavior, of promoting positive personality growth and development.

According to Ayurveda

Swastha is achieved when the body's three *Doshas* are balanced, digestion is efficient, tissues function normally, waste elimination is regular, and the senses, mind, and spirit are in harmony.

The perfect balance of mind, body and soul is considered complete health in Ayurveda. Ayurveda emphasizes treatment modalities into three parts viz. *Satwawajay Chikitsa, Yuktivyapashraya* and *Daivyapashraya Chikitsa*. Ayurveda describes that a possibility for disease is due to an imbalance of the '*Tamas' or 'Rajas'* in the mind, which are considered the *Mano doshas*. These vitiate the mind and lead to emotional imbalance, which also results in psychological disturbances.[2]

MATERIALS AND METHODS

Study Design

A Narrative Review

Sources of Data

Classical Ayurvedic Texts: Charaka Samhita, Susruta Samhita, Astangahridaya.

Contemporary Ayurvedic Journals and review articles.

RESULTS

Global Burden of Mental Health Disorders

Over the past decades, mental disorders have been increasingly recognized as a major contributor to the global disease burden. Globally, mental disorders accounted for 5.1% of the disease burden and are the leading cause of years lived with difficulty (YLD). Early onset of mental disorders can obstruct the transition to a healthy adulthood and restrict opportunities for a productive life thereafter. Thus, understanding the burden of mental disorders in early life is crucial, as it can help shape public policies, improve service organization, and enhance care delivery throughout a person's life.[3]

Components of Mental Health

There are three components of mental health that, if altered, can increase the risk of developing a mental illness. The first component of mental health is emotional well-being. This involves interest in life, happiness, and satisfaction. The second component is psychological well-being. This involves individuals liking most parts of their personality, having good relationships with others, managing the responsibilities of daily life, and being satisfied with their own life. The last component is social well-being. This refers to positive functioning and involves feeling part of a community or having something to contribute to society.

Mental illness is becoming a global problem. According to a WHO report, around 450 million individuals all over the world are suffering from a mental health condition, making mental illness one of the top five disorders leading to disability according to global disability-adjusted life years (DALYs). To address the global burden, WHO launched the Comprehensive Mental Health Action Plan, promoting leadership, community-based care, prevention, and data-driven strategies.[4]

Treatment Gap in Mental Health Disorders

This includes failing to seek help because the problem is not acknowledged, perceiving that treatment is ineffective, and believing that the problem will go away on its own. In addition, a lack of knowledge about mental disorders and stigma remains a major barrier to care. Factors that are direct barriers to care also preclude treatment, including financial considerations, accessibility issues, and limited availability. So, by all these, the initial treatment is frequently delayed for many years.[5]

Ten recommendations to address the treatment gap made in the 2001 World Health Report

1. Mental health treatment should be accessible in primary care.
2. Psychotropic drugs need to be readily available in community facilities.
3. The public should be educated about mental health.
4. Care should be shifted away from institutions and towards community facilities.
5. Families, communities and consumers should be involved in advocacy, policy-making and forming self-help groups.
6. National mental health programmes should be established.
7. The training of mental health professionals should be increased and improved.
8. Links with other governmental and nongovernmental institutions should be increased.
9. Mental health systems should be monitored using quality indicators.
10. More support should be provided for research.

Ayurvedic Perspective of Mind

According to Ayurveda, the entire worldly life depends on the combination of mind, soul and body. These include the sense organs along with their objects, *Buddhi,* and *Ahamkara.* The mind occupies a very important place in this, as all the activities relating to the body are controlled by it. Mind is understood by *Anumana gamya* (inference). It comes first in the list of twenty-four elements. The mind possesses two important characteristics, namely *Anutwam* (atomicity) and *Ekatwam* (oneness) by nature. Control of sense organs, self-restraint, hypothesis and consideration represent the action of the mind. *Manas* is also termed as *Satva*, because of the importance of *Satvika ahamkara* and also because of the importance and predominance of *Satva guna*.[6]

Psychological Attributes in Ayurveda

- *Dhee (Buddhi):* It controls *Manas* from indulging in unwholesome *Arthas* of both *Indriyas* and *Manas*. It gets deranged; the ability to discriminate gets impaired.
- *Prajna* (Conscience): Proper comprehension and conduct are its functions. If impaired, these functions are affected and an abnormal state results (*Prajnaparadha)*.
- *Smriti* (Memory): It refers to the ability to recall knowledge stored in the mind.[7]

Ayurvedic Psychotherapeutic Approaches

- ***Sattvavajaya Chikitsa*:** It is a factual knowledge of psychological self-control that helps to discriminate between thoughts and actions and to pull out the phobic nucleus. It adopts a

comprehensive psychosomatic-spiritual approach to maintain the normalcy of mental health as well as bringing back its healthy state if it is impaired. *Acharya Charaka* has defined *Satvavajaya* as *Ahitebhyoarthebhyo Manonigraha* (withdrawal of the mind from unwholesome objects). He also defines *Sattvavajaya Chikitsa* as a mind-controlling therapy in which stress has been laid on restraining the mind from unwholesome objects. The methods of self-hypnosis, positive suggestions, and counseling have been used as *Satvavajaya Chikitsa* in recent studies.

- ***Yukti vyapasraya Chikitsa*:** This kind of treatment includes the use of *Ahara, Aushadha* and *Vihara*. Drug therapy includes *Dosha sodhana* or *srotosodhana*, which has to be done by adopting various *Sodhana* measures, after which *Rasayana Samonosadhna* is given.
- ***Daivavyapasraya Chikitsa*:** The mode of action of *Daivavyapashraya Chikitsa* is beyond the purview of reasoning. It included procedures such as *mantra* therapy, wearing *Mani* (precious gems), *Bali* (religious sacrifice), *Homa* (offering ghee in fire), *Upahara* (oblations), *Niyama* (vow), *Upavas* (fasting), *Swastyayana* (auspicious hymns), *Pranipata* (paying obeisance), *Gamanam* (pilgrimage). It acts as *Vyadhihara* because of *Devaprabhava*.[8]

Chanting of *Mantras*: It is *Adravya aushadha*. In the treatment of *Agantuja unmada, Siddha Mantra prayoga* has been mentioned. A *Mantra* chanted with a specific pitch can unfold the energy within the cosmic energy within the uttered word and can motivate and mobilize the cosmic energy, leading to the desirable changes within and outside the human body.

***Oushadhi*:** Tying some medicinal plants on the affected part is called as *Oshadhi. Oshadhi dharana* is mentioned in the treatment of *Vishamajwara*, *Agantuja unmada*.

***Mani*:** *Mani* prepared from *Hema*, *Shankha*, *Pravala* and *Moutthika* should be used as *Sheethopachara* in *Jwara*. The use of *Navaratna* is told in the classics to combat the bad effects of the *Navagraha*.

***Mangala*:** Performing good deeds is considered *Mangala*. These are performed for the well-being of the individuals.

***Bali*:** Different *Balikarma* using specific *Dravya* for specific *Balagraha* is mentioned in *Ravanakrutha Matruka Chikitsa.*

***Upahara*:** *Gandha, Mala, Dhupa, Deepa, Phala, Tandula* is offered to god.

***Homa*:** Healing and purifying atmosphere by worshipping the *Agni* or other deities through fire by medicinal woods as a medium. It is advised in the context of *Abhishapa* and *Abhichara jwara.*

***Niyama*:** These are the principles for social well-being.

***Prayaschitta*:** It is the process of indulging in spiritual disciplines, duties or worship to wash off one's sins through repentance for the sins committed in past life and in present life.

***Upavasa*:** According to *Dalhana, Anashana* or *Alpabhojana* is *Upavasa.* Fasting looks like a physical exercise but fasting needs good control over the mind. When one starts fasting, it is more of a mental hunger that one needs to control than the stomach-related hunger. Hence, it is also a mental and spiritual exercise.

***Swastyayana*:** It is considered as *Mangalaprada*.

***Pranipata*:** *Sastanga namaskara, Surya namaskara* and *Guru namaskara* are few varieties of *Pranipata*. Regular practice of *Surya namaskara* causes exposure of body to sunrays and increases muscular strength, immunity, *Tejas, Ojus* and spinal cord flexibility.[9]

DISCUSSION

Relevance of DSM-5 in Contemporary Mental Health Practice

Psychiatric diagnosis continues to suffer from relatively low reliability in clinical settings, and diagnoses continue to rely on clinical phenomenology rather than on biomarkers. It seems increasingly likely that many psychiatric disorders are conditions with overlapping fuzzy boundaries with multiple interacting causes acting on multiple brain mechanisms. So, the Diagnostic and Statistical Manual of Mental Disorders, abbreviated as the DSM, is one of mental health care's most commonly used classification systems.[10]

Therapeutic Relevance of Ayurvedic Psychotherapy

Ayurveda describes that a possibility for disease is due to an imbalance of the '*Tamas*' or '*Rajas*' in the mind which are the reactive tendencies that vitiate the mind and lead to emotional imbalance, also resulting in psychological disturbances; hence *Rajas* and *Tamas* are termed as '*Doshas* of mind'. The reason for any unhealthy condition is the toxins created by the accumulated '*Dosha*'. These negative feelings are emotional toxins that accumulate in the mind. If they are not driven out of the body in a stipulated period of time, they give rise to or may lead to various chronic mental disorders like anxiety, neurosis, depression, insomnia, etc. If this is further ignored, it turns into permanent disorders like *Unmada*, an unreasonable and irrational state of mind like hysteria, *Apasmara* (epilepsy) is also categorized as a mental disorder, *Atatwaabhinivesh* and other *Manas roga* under the *Manovaha srotas* or psyche centre. Ayurvedic science is more concentrated on the aspect of mind, body and soul and thus molded the system of Ayurveda as a treatment process combining both mind and body.

CONCLUSION

Mental health disorders constitute a growing global public health concern, contributing significantly to disability, reduced quality of life, and socioeconomic burden. Despite advances in psychiatric care, substantial treatment gaps persist due to factors such as stigma, inadequate awareness, limited accessibility, and insufficient mental health resources. This highlights the need for comprehensive, culturally relevant, and person-centered approaches to mental healthcare. Ayurveda provides a holistic approach to mental health by promoting harmony among the body, mind, senses, and soul. It explains psychological disturbances as imbalances in *Rajas* and *Tamas* and uses concepts such as *Dhee, Dhriti*, and *Smriti* to frame mental well-being. *Sattvavajaya Chikitsa* is a psychotherapeutic method focused on improving self-control, cognitive regulation, emotional stability, and positive behavioral change. *Yukti Vyapashraya* and *Daiva Vyapashraya* further support mental health through lifestyle management, pharmacological treatments, and spiritual practices. The principles underlying Ayurvedic psychotherapy demonstrate conceptual similarities with several contemporary psychological interventions, including counseling, cognitive restructuring, behavioral modification, mindfulness, and stress management techniques. Such approaches may complement existing public mental health strategies by promoting prevention, resilience, community participation, and holistic well-being. The convergence between modern public mental health initiatives and Ayurvedic psychotherapeutic principles suggests significant potential for the development of integrative mental healthcare models. However, clinical studies, standardized therapeutic protocols, and interdisciplinary research are required to scientifically evaluate the effectiveness, safety, and applicability of Ayurvedic psychotherapeutic interventions in contemporary mental health practice. Future efforts should focus on generating high-quality evidence to facilitate the integration of validated Ayurvedic mental health approaches into public health systems, thereby contributing to accessible, affordable, and holistic mental healthcare.

Acknowledgment

The authors express sincere gratitude to the Department of Roganidanam, Amrita School of Ayurveda, for providing academic guidance and support during the preparation of this manuscript. The authors also acknowledge the valuable insights gained from classical Ayurvedic texts and contemporary scientific literature that contributed to this work.

REFERENCES

1. Bertolote J. The roots of the concept of mental health. World Psychiatry. 2008; 7(2): 113-6. doi: 10.1002/j.2051-5545.2008.tb00172.x. PMID: 18560478; PMCID: PMC2408392.
2. Neha Kumawat, Akanksha Rana. Concepts of Ayurveda in relation with Psychotherapy. J Ayurveda Integr Med Sci [Internet]. 2026 Jun. 15 [cited 2026 Jun. 24]; 11(5): 399-403.
3. Behere PB, Das A, Yadav R, Behere AP. Ayurvedic concepts related to psychotherapy. Indian J Psychiatry. 2013 Jan; 55(Suppl 2): S310-4. doi: 10.4103/0019-5545.105556. PMID: 23858273; PMCID: PMC3705701.
4. Mohamed Ibrahim OH, Ibrahim RM, Al-Tameemi NK, Riley K. Challenges associated with mental health management: Barriers and consequences. Saudi Pharm J. 2020 Aug; 28(8): 971-976. doi: 10.1016/j.jsps.2020.06.018. Epub 2020 Jul 2. PMID: 32792842; PMCID: PMC7414072.
5. Kohn R, Saxena S, Levav I, Saraceno B. The treatment gap in mental health care. Bull World Health Organ. 2004 Nov; 82(11): 858-66. Epub 2004 Dec 14. PMID: 15640922; PMCID: PMC2623050.
6. Charaka Samhita of Agnivesa, Ayurveda Dipika Commentary of Chakrapanidatta. Vol. 1. Reprint ed. Varanasi: Chowkhamba Sanskrit Series Office; 2014. Sutrasthana, Chapter 1, Verse 55.
7. Sharma RK, Dash B. Agnivesa's Charaka Samhita. Vol. 1. Reprint ed. Varanasi: Chowkhamba Sanskrit Series Office; 2014. Sutrasthana, Chapter 1, Verse 148–149.
8. Behere PB, Das A, Yadav R, Behere AP. Ayurvedic concepts related to psychotherapy. Indian J Psychiatry. 2013; 55(Suppl 2): S310-S314. doi:10.4103/0019-5545.105556.
9. Deepika P, Kamath ST, Dhaneshwari HA. Critical analysis of Daivavyapashraya Chikitsa. Int J Ayu Pharm Chem. 2020; 13(2): 220-226.
10. Regier DA, Kuhl EA, Kupfer DJ. The DSM-5: Classification and criteria changes. World Psychiatry. 2013 Jun; 12(2): 92-8. doi: 10.1002/wps.20050. PMID: 23737408; PMCID: PMC3683251.

Cite this article as:
Bharath M, Dhanya KV, Durgalakshmi S. Synergizing Public Mental Health and Ayurvedic Psychotherapy. International Journal of Ayurveda and Pharma Research. 2026;14(8):212-215.
https://doi.org/10.47070/ijapr.v14i8.4267
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Bharath M
PG Scholar
Department of Roganidanam,
Amrita School of Ayurveda,
Kerala, India.
Email: chirakkarabharath@gmail.com