



Case Study

INTEGRATED APPROACH IN THE MANAGEMENT OF MENTAL DISORDERS WSR MANOVIKARA DUE TO IRRATIONAL DRUG USE

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ABSTRACT


As the prevalence of abuse of certain prescription is common in gyms now a days due to which, bodybuilders have been described as suffering from altered physical and psychological disturbances, here it is important to throw a lime light to the case explained below in which a patient came to OPD of *Kayachikitsa* in Chaudhary Brahm Prakash Ayurveda Charak Sansthan, Khera Dabar, Najafgarh, New Delhi on 12 March 2024, with chief complaints of loss of memory, anger issues and change in behavioural activities which included beating, slapping anyone without any reason since 1.5 years, after drug abuse. He was then managed with integrated medicines including tablet *Smriti Sagar Ras* at dose of 1 tablet thrice a day with lukewarm water and *Saraswata Ghrita* at dose of 1 teaspoon with lukewarm milk twice a day, tablet *Manas Mitra Vatakam* at dose of 2 tablet twice a day with lukewarm water and Tablet. Cognium at dose of 2 tablet twice a day with lukewarm water treatment given here, followed by modern medicine from Mata Chanan Devi Hospital.

INTRODUCTION

The National Mental Health Survey of India, highlighted concerning prevalence of mental health problems across different states. A significant issue identified was the wide treatment gap, ranging from 70% to 92% for various mental health disorders, given that mental disorders often require lifelong treatment, addressing these gaps is crucial to ensure that individual receive the necessary care and support.^[1] In 2019, 1 in every 8 people, or 970 million people around the world were diagnosed with mental disorders, including anxiety and depression as the most common issue. Clinically significant disturbances in individual's cognitive, emotional, and behavioural health are the main characteristic feature of mental disorder. Anxiety that interferes with normal functioning of person are known as anxiety disorders.^[2] Advances in medical science and better healthcare services have led to increased life

expectancy globally. Dementia is indeed characterized by a collection of symptoms that effects various cognitive functions. These includes memory loss, difficulty with reasoning or problem solving, challenges with language and communication, and change in mood or behaviour. Contemporary Ayurvedic Psychiatry encompasses two main components, Rational Ayurvedic psychiatry and *Bhutvidya*, which addresses psychiatric issues from a spiritual or paranormal perspective, involving concepts such as *Karma*.

According to Ayurveda, mental health encompasses sensorial, mental, intellectual, and spiritual well-being. Disorders of mental health arise from unhealthy interaction between individuals and their environments, influenced by three fundamental factors: time (*Kala*), intellect (*Buddhi*), and sensory inputs (*Indriyarthas*). Ayurveda identifies three main causative factors, personal traits, and environmental influences. *Acharya Charak*, details the psychopathology of mental disorders and identifies eight essential psychological factors centrally affected in all psychiatric conditions, including *Mana* (mood and emotions), *Buddhi* (thoughts and decision making), *Sangyajanan* (orientation), *Smriti* (memory and learning), *Bhakti* (desire), *Sila* (habits), *Chesta*

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(psychomotor functions), *Acara* (conduct and behaviour). The management of psychiatric patient in Ayurveda is done through: *Daivayaprasrya chikitsa* (divine therapy), *Yuktivyaprasrya chikitsa* (biological therapy) and *Sattavajaya chikitsa* (psychotherapy).^[3]

Case Report

A male patient 23 years old (with father), came to OPD of *Kayachikitsa* Chaudhary Brahm Prakash Ayurveda Charak Sansthan, Khera Dabar, Najafgarh, New Delhi on 12 March 2024, with chief complaints of loss of memory, anger issues and change in behavioural activities which included beating, slapping anyone without any reason for 1.5 years. On further enquiry with the informant, he said that he was just like other normal children who used to do all the activities just like a healthy individual. He said that he was very much fond of body building for which he used to go to gym. In July 2022, gym trainer injected three injection doses (name not known) in a week, for increasing muscle bulk and strength. Suddenly he started getting fever, abdominal pain in epigastric region, breathlessness and vomiting for which they

took him to nearby hospital, but due to severe condition of child and less availability of sources they provided primary treatment and asked them to take to higher hospital for further management. He took him to Mata Chanan Devi Hospital, Janakpuri. They immediately admitted him and kept on closed monitoring. He was told that his son's all the organs including lungs, liver, kidney everything is damaged, and his survival chances are least. But he did not lose hope and asked doctors to do best from their side. He was diagnosed with Liver Abscess (Amoebic)/MODS/Septicaemia/seizures/AKI on CKD/ Cholestatic Hepatitis / Severe Acidosis/ Aspiration Pneumonia. He was also operated for necrotizing pancreatitis in between.

At the time of admission his general condition was sick, blood pressure was 120/80mm Hg, pulse rate was 127/min, respiratory rate was 18/min, and SpO2 87%. He was managed with antibiotics and IV fluids and other supportive treatment. His discharge summary and Investigations showed in Table 1:

Table 1: Investigation at Mata Chanan Devi Hospital

Investigations	Findings On 23/07/2022	Findings On 24/07/2022	Findings On 27/07/2022	Findings On 28/07/2022	Findings On 28/07/2022	Findings On 02/08/2022
CBC	Hb- 13.5 TLC- 24.70 DLC- 94/04/02/00 P/C- 170000	Hb- 13.5 TLC- 24.70 DLC- 94/04/02/00 P/C- 170000	Hb- 10.9 TLC- 23540 DLC- 80/15/04/01 P/C- 90000	Hb- 9.7 TLC- 23450 DLC- 85/10/05/00 P/C- 130000	-	Hb- 7.7 TLC- 28860 DLC- 83/13/09/00 P/C- 248000
ABG	Ph- 6.99 PCo2-53.0 PO2-40.0 HCo3-12.8	-	-	-	-	-
KFT	Urea-68.1 Sr. creatinine-3.05 Sr. uric acid-9.0 Sr. protein-5.92 Sr. albumin-3.02 Sr. globulin-2.9 Sr. sodium-139.4 Sr. potassium-4.7	Urea-80 Sr. creatinine-3.2 Sr. uric acid-9.9 Sr. protein-5.92 Sr. sodium-141.4 Sr. potassium-5.2	Urea-228.09 Sr. creatinine-7.57 Sr. uric acid-5.8 Sr. sodium-140.7 Sr. potassium-4.5	Urea-209 Sr. creatinine-7.49 Sr. uric acid-5.1 Sr. sodium-141.9 Sr. potassium-5.4	-	Urea-142.0 Sr. creatinine-5.29 Sr. uric acid-6.6 Sr. sodium-140.2 Sr. potassium-4.2
LFT	Sr. bilirubin-8.55/6.02 SGOT-676	Sr. bilirubin-8.55/6.02 SGOT-676	Sr. bilirubin-11.79/6.75 SGOT-140	Sr. bilirubin-15.91/12.58 SGOT-63		Sr. bilirubin-11.79/6.75 SGOT-140

	SGPT-379.6 Sr. Alk-523 GGT-86.0 Sr. amylase-55.7	SGPT-376.6 Sr. Alk-523 GGT-86.0	SGPT-155 Sr. Alk-523 GGT-58.0 ALP-263	SGPT-68.5 GGT-127 ALP-193	-	SGPT-155 ALP-263
Urine routine and microscopic	Urine Albumin- ++ Epithelial cells- 2-4 Pus cells- 6-8	-	-	-	Urine culture and sensitivity - sterile	-
Other investigations	Covid 19 RTPCR-negative Amoebic serology-positive, gram-positive cocci, gram stain 2-3 pus cells Typhi dot-non-reactive CT Chest-ground glass opacities in dependant region, few fibrotic lesions in lingual region were seen Echo- showed trace MR, Trace TR, LVEF-55%	USG whole abdomen- liver showed raised hepatic parenchymal echogenicity suggestive of fatty infiltration. Ill-defined heterogeneous hypoechoic lesions measuring 6.4*8.2*5.2 cm, vol 160cc in right liver lobe suggestive of abscess	NCCT Head-revealed a gliotic area involving right frontal lobe with mild ex vacuo dilatation of right ventricle	-	Chest X Ray done, showed prominent broncho vascular markings, inhomogeneous opacities in bilateral lung fields Gram stain- 6-7 pus cells, occasional epithelial cells, aerobic culture, and sensitivity- Acinetobacter baumannii	-
Additional treatment provided	Tab. Ketoart, Tab. Febs, Tab. Ubilom were added by nephrologist	CVP line insertion, Haemodialysis done on 24 and 25/07/2022	Low GCS was observed, patient was intubated and put on mechanical ventilator support. His condition was getting critical	Patient condition got severe; CPR given + mechanical ventilator support. Patient survived	Antibiotics were upgraded + mechanical ventilator support + chest and limb physiotherapy. Patient was going in Recurrent hypoglycaemia (RBS-85mg/dl), started 255 dextrose with RBS charting	mechanical ventilator support + on 04/08/2022, 1-unit PRBC transfusion was done due to low Hb

And so, on the treatment went, tracheostomy was done, and all the further treatment required for his recovery were done. He underwent haemodialysis for 24, 25, 27, 28, 30, 31/07/2022 and it continued 1, 3, 4, 6/08/2022. According to the informer he was on ventilator for 29 days then in ICU for 10 days, then was shifted to home ICU for 1 month with a nursing staff for monitoring. During this whole course of interval, he also developed bed sores. He was under the nursing care for continuous 2 months. Then slowly his condition started getting recovering including again able to sit, able to stand with support, able to stand without support, able to walk, able to understand, in total it again took him 5-6 months for this recovery in 2023. Doctors told him that he won't be able to eat food from mouth, will always remain on ventilator but he fought his battle and now was able to do each work by himself. At present, he can also ride bicycle and motor bike now. He has continued treatment in same hospital since then, but his father saw loss of memory, anger issues and change in behavioural activities which included beating, slapping anyone without any reason, since past 1.5 years, for which he came to CBPACS for further management.

Case findings

Patient was not having history of diabetes, thyroid dysfunction, asthma, hypertension previously. Also, there was no family history of drug abuse by him as well as family. On physical examination patient blood pressure was 116/84 mm Hg and pulse was 76 bpm.

Screening of anxiety was done based on Generalized Anxiety Disorder 7 scale (GAD-7)

0 - Not at all

+1 - Several days

+2 - More than half the days

+3 - Nearly everyday

GAD 7 score was obtained by adding score for each question before and after treatment.

Interpretations: Level of anxiety severity.

0-4 = Minimal anxiety

5-9 = Mild anxiety

10-14 = Moderate anxiety

Greater than 15 = Severe anxiety

Screening of anxiety was also done based on Hamilton Anxiety Score (HAM-A)

Hamilton Anxiety Score (HAM-A) score was obtained by adding score for each question before and after treatment

0 - Not present

1- Mild

2 - Moderate

3 - Severe

4 - Very Severe

Interpretations: level of anxiety severity

0-17 = Mild anxiety

18-24 = Moderate anxiety

25-30 = Severe anxiety

- Change in behavioural patterns were also observed before and after treatment

- Changes in loss of memory was also observed before and after treatment by episodic memory test.

Interpretations: Maximum score - 23 points

Cut off point- 18-19-point amnesic mild cognitive impairment.

< 18 - Alzheimer's disease

>19 - Normal Range

Personal History- Patient had normal appetite, micturition frequency, and sleep cycle. His bowel habits were also clear. On general examination, there was no pallor and icterus. He had no addiction history.

Therapeutic intervention

Timeline

For the first-time patient with his father came to CBPACS in OPD of *Kayachikitsa*, on 12 March 2024. After taking detailed history and clinically examining the patient he was suggested for tablet *Smriti Sagar Ras* at dose of 1 tablet thrice a day with lukewarm water and *Saraswata Ghrita* at dose of 1 teaspoon with lukewarm milk twice a day. (also, he was referred to Institute of Human Behaviour and Allied Sciences, Shahdara, Delhi). After 1 week, on 19 March 2024 patient again returned to OPD and his father said that they are seeing improvement in his complaints of anger and shouting, so same treatment was continued for next 20 days. On 9 April 2024, patient again visited OPD and his father said that they are seeing improvement in complaints of anger, shouting and loss of memory. This time patient was given tablet *Smriti Sagar Ras* at dose of 1 tablet thrice a day with lukewarm water, *Saraswata Ghrita* at dose of 1 teaspoon with lukewarm milk twice a day, tablet *Manas Mitra Vatakam* at dose of 2 tablet twice a day with lukewarm water and tablet Cognium at dose of 2 tablet twice a day with lukewarm water. He was also suggested for repeat LFT and KFT. On 16 April 2024, patient again visited OPD, with LFT and KFT reports. LFT finding reported 15 April 2024 were Albumin: Globulin ratio if 1.66, SGPT- 85, SGOT- 38, Total Bilirubin- 0.83, Conjugated Bilirubin- 0.22, Unconjugated Bilirubin- 0.61 and KFT findings reported Blood urea- 18mg/dl, Blood Urea Nitrogen- 8.41, Serum Creatinine- 0.83, Uric Acid- 8.84, Total Protein- 7.55, Albumin: Globulin 1.66 and showed significant improvement in complaints of anger,

shouting, change in behaviour from aggravating nature to calm nature and loss of memory, so continued same treatment. Then patient again visited OPD on 30 April 2024, and told that major improvement in anger issues and loss of memory has been noticed along with

increased sleeping hours of the patient, so again repeated same treatment. (during this whole course of intervention patient was also continuously taking Tablet Abshel and Tablet Strocit Plus).

Table 2: Timeline of Events

Duration	Particulars of intervention
12 March 2024	Tablet <i>Smriti Sagar Ras</i> at dose of 1 tablet thrice a day with lukewarm water and <i>Saraswata Ghrita</i> at dose of 1 teaspoon with lukewarm milk twice a day.
19 March 2024	Continued same treatment.
9 April 2024	Tablet <i>Smriti Sagar Ras</i> at dose of 1 tablet thrice a day with lukewarm water, <i>Saraswata Ghrita</i> at dose of 1 teaspoon with lukewarm milk twice a day, tablet <i>Manas Mitra Vatakam</i> at dose of 2 tablet twice a day with lukewarm water and tablet Cognium at dose of 2 tablet twice a day with lukewarm water.
16 April 2024	Continued same treatment
30 April 2024	Continued same treatment

Outcome measures and follow up

The result was assessed based on improvement in the general condition of the patient that included of loss of memory, anger issues and change in behavioural activities which included beating, slapping anyone without any reason.

According to informer, his son's condition was improved a lot by all the modern medical treatment, that helped his child survived and re-lived. Although patient was taking tablet Abshel and tablet Strocit Plus during this whole course of intervention but was not getting significant relief in loss of memory, anger issues and change in behavioural activities. Since the day he started taking medicine from OPD 6 of *Kayachikitsa* he started seeing improvement in above complaints. Results of before and after treatment score of Generalized anxiety disorder^[4] (GAD-7), Hamilton anxiety score^[5] (HAM-A), Change in behaviour and Episodic Memory Test^[6] are mentioned below in Table 3, 4, 5 and 6.

Table 3: Improvement on Assessment of Generalized Anxiety Disorder 7 scale (GAD-7)

S.No.	Questions for assessment	Before treatment	After treatment
1	Feeling nervous, anxious or on edge	+3	+1
2	Not being able to stop or control worrying	+1	+1
3	Worrying too much about different things	+0	+1
4	Trouble relaxing	+3	+0
5	Being so restless that it is hard to sit still	+2	+0
6	Becoming easily annoyed or irritable	+3	+1
7	Feeling afraid as if something awful might happen	+1	+0
	Total score	+13	+4

Total score before treatment - +13, which means moderate anxiety

After treatment - +4, which means minimal anxiety

Table 4: Improvement on Assessment of Hamilton Anxiety Score (HAM-A)

S.No.	Criteria	Before treatment	After treatment
1	Anxious mood	4	1
2	Tension	0	0
3	Fear	3	1
4	Insomnia	3	0
5	Intellectual	4	4

6	Depressed mood	1	0
7	Somatic muscular	2	1
8	Somatic sensory	0	0
9	Cardiovascular symptoms	0	0
10	Respiratory symptoms	0	0
11	Gastrointestinal symptoms	0	0
12	Genitourinary symptoms	3	1
13	Autonomic symptoms	0	0
14	Behaviour at interview	4	1
	Total score	24	9

Total score before treatment - 24, which means moderate anxiety after treatment - 9, which means minimal anxiety

Table 5: Improvement on Assessment of Change in behaviour

Change in behaviour	Before treatment	After treatment
Beating his parents	Daily	2-5 days interval
Slapping his parents	Daily	2-5 days interval
Scolding his parents	Daily	2-5 days interval
Shutting up doors	Daily	stopped

Table 6: Improvement on Assessment of episodic memory test

S.No.	Questions asked	Grading	Score Before Treatment	Score After Treatment
1	What time did you leave for the doctor's office? From where?	0/2/4	0	2
2	How did you travel to the doctor's office?	0/2/4	0	2
3	Who came to the doctor with you? Where are you now?	0/2/4	4	4
4	Where did you have lunch yesterday? What time?	0/1/2	0	0
5	Who ate lunch with you last yesterday?	0/1/2	0	0
6	What did you have for lunch in starter, main course?	0/1/2	0	0
7	What did you have for lunch in dessert?	0/1/2	0	0
8	Who ate lunch with you last Sunday?	0/0.5/1	0	0
9	Where did you eat lunch last Sunday?	0/0.5/1	0	0
10	What did you have for lunch last Sunday?	0/0.5/1	0	0
	Total score	23 points	4 points	8 points

Total score before treatment- 4 points and after treatment- 8 points, patient showed very minute improvement in loss of memory. Earlier patient used to forget small things, now he can recall few of them and do all his daily life activities properly.

DISCUSSION

Probable mode of action of *Smriti Sagar Ras*

Smriti Sagar Ras^[7] is a *Medhya Rasayana* drug explained in classical texts. It is traditionally used for enhancing memory and managing psychological disorders including anxiety. It comes under *Sagandha*

Niragni Moorchna (Khalveeya Rasayana) Kalpana. It has been explained by *Yogaratanakara, Nighantu Ratnakar, Ras Komudhi, Rasayana*. It includes *Shuddha Parada, Shuddha Gandhaka, Shuddha Hartala, Shuddha Manashila, Tamra Bhasma* and *bhavana dravya* including *Vacha Kwatha, Brahmi Swarsa and Jyotishmati taila*. It improves the cognitive abilities, reducing oxidative stress in the brain. It also mitigates the symptoms of mild to moderate depression.^[8] It reduces anxiety and improves memory. These herbs act on *Majja Dhatu* (nervous system) and *Manovaha strotas* (channels of mind) by clearing the obstruction

and improving neurotransmission. This formulation helps to reduce *Rajas* and *Tamas*, which helps in balancing *Manas Dosha*, which are the key in *Manovikara*. *Vatahara* action of these drugs helps in reducing *Vata*, the main *Dosha* involved in *Manovikara*.

Probable mode of action of *Saraswata Ghrita*

Saraswat Ghrita^[9] is an Ayurvedic polyherbal formulation of *Medhya* drugs that prominently features *Brahmi* (*Bacopa monnieri*), known for its nootropic (cognitive enhancing) and memory enhancing properties as supported by the clinical research studies. It includes other beneficial herbs like *Haridra* (*Curcuma longa*), *Amalaki* (*Embelica officinalis*), *Haritaki* (*Terminalia chebula*), *Pippali* (*Piper longum*), *Vidanga* (*Embelica ribes*), *Kustha* (*Saussurea lappa*), and *Vacha* (*Acorus calamus*). These herbs include wide range of pharmacological actions including anti-inflammatory, anti-amyloidogenic (preventing the formation of amyloid plaques), anti-cholinesterase (inhibiting the enzyme that breaks down acetylcholine), hypolipidemic (reducing lipid levels), anti-oxidant effects, making it a potential health beneficial drug across different domains.

Probable mode of action of Tablet *Manas Mitra Vatakam*

Manasmitra Vatakam is a compound Ayurvedic formulation designed to impact the central nervous system. It includes several key ingredients known for their specific effects including, *Ashwagandha* (*Withania somnifera*) enhances cognition, *Vacha* (*Acorus calamus*) supports mental and intellectual health, especially in combination with polygala root, *Draksha* (*Vitis vinifera*) having adaptogenic and nootropics properties, *Bala* (*Sida cordifolia*) acts as antioxidant, *Yashtimadhu* (*Glycyrrhiza glabra*) exhibiting anxiolytic and antioxidant effects. These herbs are classified in Ayurveda as '*Medhya*' supporting cognitive functions and '*Rasayana*' promoting health and longevity. It is a comprehensive ayurvedic formulation containing herbs known for their cognitive enhancement, anti-oxidant properties and potential benefits for anxiety related conditions, providing holistic support for mental well-being.

Probable mode of action of Tablet *Cognium*

Tablet *Cognium* is enriched Ayurvedic herb that are memory tonic. Its key ingredients include *Brahmi* (*Bacopa monnieri*), *Jyotishtamati* (*Celastrus paniculatus*), *Arjuna* (*Terminalia arjuna*), *Ashwagandha* (*Withania somnifera*), *Shankhpushpi* (*Evolvulus alsinoides*). It also includes *Mukta Pishti* and *Abhrah Bhasma*. This tablet slows down the process of degeneration of neurons through antioxidants, nervine tonics and improve circulation. *Bacopa* have cognitive enhancing properties by the presence of group of

saponins collectively called bacosides. Their extracts facilitates learning ability, memory and cognitive performance.^[10] It protects against oxidative damage by decreasing protein carbonyl levels in mitochondria of all brain regions.^[11] *Jyotishtamati* (*Celastrus paniculatus*) have *Tikshna* and *Ushna Gunas* which helps in eliminating *Kapha-Tama avarana* (covering of intellect by inertia and dullness). It restores *Buddhi* (intellect), *Smriti* (memory) and *Medha* (comprehension). It penetrates deeply into the brain tissues, enhancing the nourishment of *Medha Dhatu* and activating the *Sadhaka Agni*, associating with emotional processing and decision making.^[12] *Ashwagandha* have anxiolytic, antidepressant and neuroprotective effects.

Combined effect of *Medhya* Drugs

According to Ayurveda, mental disorders are mainly caused by vitiated *Prana*, *Udana* and *Vyan vata*, along with deranged *Sadhaka pitta* and *Tarpka kapha*. They derange the *Ojas* which leads to emotional and cognitive dysfunctions manifesting anxiety and related symptoms.^[13] *Medhya* drugs show improving functions of *Sadhaka Agni*. It also improves circulation of *Aahara Ras* by clearing up the micro-channels for increasing *Medha*. These drugs also improve *Sattva* in human body, leading to increase in *Medha*. It includes *Guru*, *Sheeta*, *Snigdha*, *Manda*, *Sthira*, *Mridu*, *Drava*, *Picchila* and *Salakshana Guna*, which increases the *Kapha* mainly *Tarpka* and *Avalambaka Kapha* which nourishes *Dhee*, *Dhriti* and *Smriti* and thereby *Medha*. It also includes *Ushna*, *Tikshana Guna* drugs which increases *Pitta*, mainly *Sadhaka Pitta*. These drugs include *Tikta* and *Madhura Ras*. Here, *Tikta Ras* due to its *Laghu Guna* and *Deepana Pachana* and *Stroto Vishodhana* action have direct action on *Medha*. *Madhura Ras* promotes *Ojas* formation, nourishing *Indriya*, *Buddhi* and *Medha*. Both *Ushna* and *Sheeta Virya* drugs have *Medhya* action. *Sheeta Virya* is *Manah Prasadaka*, which nourishes all the dhatus and thereby *Medha*. *Ushna Virya* drugs stimulate *Sadhaka Pitta*, improves *Grahana Shakti* and *Smriti*.

CONCLUSION

Training in gyms is considered as a health promoting behaviour but from the above study, it can be concluded that, the use of drug should be done in proper way only after the prescription of doctors. All youngster running in race of good physical body built and power should have proper knowledge of what is being done to their body. Never let anyone to treat your body as a dummy, as all of us get one life and it is to serve good to environment. Until or unless we will not be healthy both mentally and physical we will not be able to achieve good health. Ayurveda offers a range of treatment modalities for addressing and preventing

mental disorders, including drug therapy, *Panchakarma*, Yoga and meditation, dietary and lifestyle modification, counselling, and psychotherapy to which more likely individual will and he or she responds well and can be potential areas for further management.

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