



Case Study

## AYURVEDIC MANAGEMENT OF MOOD DISORDER

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### ABSTRACT

Mood disorders are common psychiatric conditions marked by persistent disturbances in emotional regulation that significantly affect daily functioning. According to a large pooled analysis across many countries the lifetime prevalence of any mood disorder is about 9.6% [1]. Early diagnosis and a multimodal treatment approach combining medication, psychotherapy and lifestyle modification are essential for improving patient outcomes. These conditions may be correlated with *Unmada* mentioned in Ayurvedic classics. Ayurveda has shown promising result in reducing the symptoms and improving the quality of life. This paper presents a diagnosed case of *Kaphaja unmada* with *Vata anubhandha* based on signs and symptoms. A 38-year-old male patient presented to outpatient department with the complaints of generalized tiredness and weakness, tremor in lower limb, disturbed sleep, lack of confidence, buzzing sound in ear, fear, persistent thoughts. The treatment was planned based on the signs and symptoms. The symptoms were assessed using Hamilton depression rating scale. After treatment, the patient demonstrated considerable relief in the symptoms, indicating the potential effectiveness of the adopted therapeutic approach.

### INTRODUCTION


Mood disorders are characterized by marked disturbances in emotional state, including severe lows (depression) or elevated moods such as hypomania and mania. These conditions include bipolar disorder, cyclothymic disorder, major depressive disorder, persistent depressive disorder, hypomanic episodes, and disruptive mood dysregulation disorder. Mood disorders are among the most common psychiatric conditions and contribute significantly to increased morbidity and mortality.

According to the Diagnostic and statistical Manual of Mental Disorders, Fifth Edition (DSM-5), mood disorders are broadly classified into bipolar disorders. Brain regions involved in the regulation of emotions include the amygdala and the orbitofrontal cortex. Repeated episodes of mood disorders have also been associated with ventricular expansion in the brain [2].

Global estimates indicate that nearly one in seven individuals- approximately 1.1 billion people- live with some form of mental disorder, with depressive and anxiety disorders being the most prevalent[3]. This highlights the growing public health burden posed by psychiatric illnesses.

In Ayurveda, Ayu (life) is defined as the harmonious integration of *Sharira* (body), *Indriya* (senses), *Satva* (mind), and *Atma* (soul). Maintaining balance among these components is essential for achieving optimal health. Psychiatric disorders in Ayurveda are broadly described under *Unmada*, a condition characterized by *Ashtavibhrama*- eight types of cognitive and behavioural disturbances. These include impairments in *Mana* (mind), *Buddhi* (intellect), *Samjna- Jnana* (orientation and perception), *Smriti* (memory), *Bhakti* (preferences), *Sheela* (character), *Chesta* (behaviour), and *Achara* (conduct).

Classical Ayurvedic interventions for *Unmada*, including *Shodhana* (purificatory therapies) and *Shamana* (palliative treatments), have been described as effective in alleviating symptoms and improving mental well-being.

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### Patient Information

A 38-year-old male patient from Wayanad, belonging to a middle-class family, presented to OPD in November 2025 with complaints of disturbed sleep, lack of confidence, fear, generalized weakness, tiredness, and a buzzing sound in the right ear. On detailed interrogation of the patient and informants (his younger brother), it was revealed that he had been on psychiatric medication for the past two years and had frequently consulted an allopathic physician due to monthly exacerbations of his symptoms.

The patient began working at the age of 14 following his father's death and assumed responsibility for supporting his family. He later experienced profound loneliness after losing his mother to suicide. There is a positive family history of psychiatric illness in his father, mother, and sister (first-degree relatives).

He reported experiencing guilt following an extramarital relationship with a neighbouring woman. Since then, he has developed symptoms including palpitations, a sensation of tightness throughout the body, heaviness in the head and chest, tremors in the extremities, burning sensation in the eyes, disturbed sleep, lack of confidence, fear, generalized weakness, tiredness, buzzing sound in right ear, persistent

thoughts, and recurrent suicidal ideation. The patient has been under severe financial stress, which has contributed to ongoing anxiety and tension. His behaviour was occasionally characterized by irritability, slowness, lethargy, self-assertiveness, indifference, egoistic traits, and daydreaming, alternating with feelings of depression, anxiety, and apathy. He discontinued allopathic medication due to fear of side effects and refused further pharmacological treatment. During depressive episodes, he becomes prefers to remain in bed in a dark room, avoids work, and may shout when family members attempt to communicate with him. He presented to OPD during a depressive phase. However, between episodes, he reportedly returns to his baseline level of functioning.

### Dasavidha Pareeksha

The patient had *Kapha vata prakriti*, *Sadharana Desha*, *Madhyama rogi bala* and *Pravara roga bala*, *Madhyama ahara Sakthi* and *Jarana Shakti*, *Rasa*, *Mamsa*, *Tamoguna Hridaya*, *Mana*, *Budhi*, *Smrithi* are *Dushya*, *Sarath rithu*, *Madhyama vaya*, *Avara satva balam*, *Sarvarasa Satmyam*, the main *Dosha* involved in this disease pathology is *Kapha* with *Vata anubandha*.

**Table 1: Dasavidha Pareeksha**

<i>Dushya</i>	<i>Rasa, Mamsa, Hridaya, Mana, Budhi, Smrithi, Tamoguna</i>
<i>Desha</i>	<i>Sadharana</i>
<i>Bala</i>	<i>Madhyama rogi bala, Pravara roga bala</i>
<i>Kalam</i>	<i>Sarath rithu</i>
<i>Analam</i>	<i>Mandagni</i>
<i>Prakriti</i>	<i>Kaphavata</i>
<i>Vaya</i>	<i>Madhyama</i>
<i>Satvam</i>	<i>Avara</i>
<i>Satmyam</i>	<i>Sarvarasa</i>
<i>Aharam</i>	<i>Madhyama Ahara sakthi, Madhyama Jarana Sakthi</i>

### Diagnostic Assessment

Based on clinical history, mental status examination and Hamilton depression rating scale (HAM-D) assessment, the case was diagnosed as bipolar mood disorder with a current depressive episode. The patient had the symptoms of *Kaphaja Unmada* including *Arochaka* (very little desires of food), *Alpavakyatha* (slow talk) *Strikamatha* (desire for women), solitude, aversion to cleanliness, *Athinidra* or *Divaswapnam* and associated with *Vatanubhanda* features including *Atibhashitam* (excessive talks), occasionally doing works quickly and continues thoughts [4,5].

### Clinical Findings

On physical examination the patient was moderately built, pulse: 72/minute, Heart rate: 76/minute, BP: 140/80mm of Hg, Respiratory rate: 16/minute, weight: 77kg.

On mental status examination, the patient was cooperative. While assessing, rate and quantity of speech was adequate (based on *Dosha* predominance sometime talk was slow and occasionally excessive talks), sweating and shivering of lower lips. On disturbance of perception, (buzzing sound in right ear) auditory hallucination was reported. Stream and form of thought was continuous manner. In higher mental functions the patient was found to be conscious, oriented to time, place and person. Insight was found

to be intact (grade V). Family history of psychiatric illness was reported.

On detailed examination the following noted:

Appearance: reflecting poor self-care.

Behaviour: Assess for psychomotor retardation (slowed speech).

Speech rate: Often slowed

Tone: Monotonous

Amount: Reduced

Mood: Report feeling sad, hopeless, empty

Affect: Reduced range of expression (sad)

Thoughts content: Negative themes, guilt, worthlessness, sexual thoughts, suicidal thoughts.

Rumination: Repetitive negative thoughts.

Psychosis: Auditory hallucinations: buzzing sound in right ear.

Concentration: Poor

Memory: Immediate affected. Judgement: affected decision-making ability.

### Therapeutic Interventions

Considering the *Dosha* predominance, internal medications such as a combination of *Ashwagandharistam*, *Saraswatharistam*, *Kombanchadi gulika*, *Manasamitra vadam* TDS after food. *Hareetaki Senna\** 15gm with hot water at night. *Snehapanam* with *Panchagavya Gritham*. *Virechanam* (for *Koshta shodhanam*) with *Avipathy choornam* 15gm with hot water in the morning.

### Treatment Procedures

Considering the clinical condition procedures *Abhyanga* with *Kottamchukkadi tailam*, *Thalam* with *Ksheerabala tailam* and *Rasnadi churnam*. *Abhyanga* with *Dhanwantaram tailam* followed by *Bashpa Sweda*, *Takradhara*, *Dhumavarthi*.

**Table 2: Time Line of Treatment**

Date	Procedures/Internal medicine	Medicine
6/11/25-9/11/25	Internal medicine	<i>Ashwagandharistam</i> [6] <i>Saraswatharistam</i> [7] <i>Kombanchadi gulika</i> [8] <i>Manasamithra vadam</i> [9] (15 each) TDS A/F
7/11/25-9/11/25	<i>Abhyanga</i>	<i>Kottamchukkadi tailam</i> [10]
7/11/25-9/11/25	<i>Thalam</i>	<i>Ksheerabala tailam</i> [11], <i>Rasnadi choornam</i> [12]
10/11/25	<i>Virechanam (Koshta Shuddhi)</i>	<i>Hareetaki senna*</i> 15 gm with hot water at bed time
12/11/25-18/11/25	<i>Snehapanam</i>	<i>Panchagavya gritham</i> [13]
18/11/25-20/11/25	<i>Abhyanga</i>	<i>Danwantara tailam</i> [14]
18/11/25-20/11/25	<i>Bashpasweda</i>	<i>Balamoolam</i>
21/11/25	<i>Virechanam</i>	<i>Avipathy choornam</i> [15] 15g along with hot water
22/11/25-28/11/25	<i>Takradhara</i>	<i>Takradhara</i> [16]
23/11/25-29/11/25	<i>Dhoomapanam</i>	<i>Dhumavarthi</i> with <i>Panchagavyam gritham</i> , <i>Haridra</i> , <i>Vilwadi gulika</i> [17]

### Follow Up and Outcome

The patient was admitted to the inpatient department (IPD) for a period of 24 days. While discharging oral medications and *Dhumavarthi* was prescribed and follow up after 1 month were advised. Assessment was done using Hamilton depression rating scale (HAM-D)<sup>[18]</sup>. Patient feels significant symptomatic improvement at the time of discharge.

**Table 3: Assessment by Hamilton Depression Rating Scale (HAM-D)**

Before treatment	After treatment
HAM-D Score: 35 Points	HAM-D Score: 7 Points
Very Severe Depression	No Depression

## DISCUSSION

*Unmada* is a broad term including various kinds of psychiatric ailments. In *Unmada* the etiological factors like *Avarasatwatha*, *Manoabhigata*, *Viruddhahara* etc cause *Manasika* and *Shareera dosha dushti* which afflicts the *Hridaya*, the abode of intellect and *Manovahasrotas*.

The patient was presented with *Kaphaja lakshana* include *Thooshnibhava* (reduced mingling with others), *Arochaka* (distasteful) *Alpavakyata* (slowness of talk or less talk), *Streekamada* (desire for the women),

*Athinidra* (excessive sleep during day time) along with *Vathanubandha* features include *Bhaya* (fear), *Asabdhasravana* (hearing voice), irritability, *Nidranasam* (disturbed sleep at night), *Atibhashitam* (excessive talks), fastly engaging works, continuous thoughts. Based on the symptoms the diagnosis was done as *Kaphaja unmada* with *Vatanubandha*. The combination of internal medicine, *Panchakarma* procedures and herbal formulations provides a comprehensive approach to balancing *Kapha vata dosha*, stabilizing the mind (*Manas*) and rejuvenating the nervous system.

**Ashwagandharishtam:** A potent *Rasayana* with adaptogenic, nervine and antistress properties. It improves *Dhee*, *Dhriti* and *Smriti*, reduce anxiety and stabilize aggravated *Vata*. It plays a role in promoting sleep and reducing fatigue which make beneficial in chronic stress disorders.

**Saraswatharistam:** A classical formulation indicated in cognitive impairment and mental exhaustion. Its *Medhya* effect enhances memory and concentration contributing to overall neuronal nourishment.

**Kombanchadi gulika:** *Vata kapha shamana* with strong *Vatanulomana*, *Vedanasthapana* and *Doshashamana* actions. It is especially useful in tremors, stress induced somatic symptoms and conditions associated with *Vata* aggravation.

**Manasamithra vadakam:** One of the best formulations for mental health disorders, it calms the mind, improve sleep, reduce anxiety and act as a neuroprotective tonic. Initially *Abhyangam* with *Kottam chukkathi tailam* was advised. *Kottamchukadi tailam* helps in relieve stiffness and tremor.

*Thalam* with *Ksheerabala* and *Rasnadi choornam* pacifies *pranavata*, reduces headache, improves mental calmness and stabilises the mind.

*Virechanam* (for *Koshta suddhi*) with *Hareetaki Senna* was done. It improves the gut motility, enhances toxin clearance and reduces systemic stress. In this case the prominent *Dosa* was *Kapha* and *Vataja lakshanas* are also manifested. For subsiding these *Doshas virechana* with *Avipathy choornam* was

planned. A gentle purgative which reduces the vitiated *Kaphavata* reduces irritability and stress. Before *Virechanam snehapanam* with *Panchagavya gritham* was advised. It is a *Medhya gritham* enhancing cognition, cleansing the gut brain axis, calming *Kapha vata* and improving mental clarity. After *Snehapanam abhyanga* with *Dhanwantaram thailam* was done, which is highly effective for neuromuscular weakness, *Vata* disorder and improve strength and vitality. Followed by *Bashpasweda* was done. On promotes sweating, removes *Srothorodha*, reduces stiffness and these *Sneha* attenuates *Vata*, makes body soft and disintegrates the morbid material. Finally, *Takradhara* was advised: *Shirodhara* normalizes the two important neurotransmitters serotonin and norepinephrine, which regulates a wide variety of neuro psychological process along with sleep. After *Shirodhara* his sleep was improved and irritability got reduced. Among these procedures he attained *Indriyaprasada*, *Buddhi Prasadha*, *Srothovishudhi*, *Laghutwa*, *Agni vridhhi*, *Anamayatwa* and *Vatanulomana*. After *Sodhana* the patient become calm and relaxed, auditory hallucinations also got reduced. *Dhumavarti* with *Panchagavya gritham*, *Haridra* and *Vilwadi gulika* was given. It supports nasal cleansing, reduces *Kapha* from the *Shiras* and neck region and enhances sensory clarity (*Srothovisuddhi*). It acts as a neuroprotective benefit along with profound soothing and relaxing effects on the mind (*Indriyaprasadam*). At the time of discharge combination of *Shamana aushadhies Ashwagandharishtam*, *Saraswatharistam*, *Kombanchadi gulika*, *Manasamithra vatakam* (15 each) mixed with 30ml *Aristam* TDS after food, *Panchagavya gritham* 10ml BD 1hr before food at 8:00am and 9:00 pm was advised. *Kalyanaka gulam* 1tsp at bed time along with hot water, *Dhumapanam* with *Varti* prepared with *Panchagavya gritham*, *Haridra*, *Vilwadi* was advised at 6:00 am & 6:00 pm [19].

## CONCLUSION

Ayurvedic treatment for mental health offers a holistic, individualized, and integrative approach that addresses the mind and body, and to restore balance and promote well-being. This was the serious mental illness which got significant improvements in the domain of *Kapaja unmada* with *Vata anubhandha* (mood disorder with depressive episode). This case shows the efficacy of holistic approach of ayurvedic management of mental disorders.

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