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"PANCHAKARMA IN MANASIKA VIKARA (STRESS, ANXIETY AND DEPRESSION)"

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ABSTRACT:
Mental disorders, particularly depression and anxiety, are among the leading causes of disability worldwide, and the National Mental Health Survey of India documented a large treatment gap. Ayurveda views mental health through the concepts of Manas, the three Gunas (Sattva, Rajas, Tamas), and the Doshas, and describes Manasika Vikara with a threefold therapeutic strategy comprising Daivavyapashraya, Yuktivyapashraya and Sattvavajaya. Panchakarma procedures such as Shirodhara, Shiroabhyanga, Nasya, Takradhara and Basti are used for stress-related conditions, together with Medhya Rasayana drugs. This article reviews classical concepts, the physiology of stress, therapeutic procedures, evidence from physiological and clinical studies, and safety considerations. Evidence indicates short-term relaxation and subjective benefit, whereas robust trials in clinical anxiety and depression are lacking. Panchakarma should be integrated with, and not substitute for, evidence-based psychiatric care in moderate to severe illness.

KEYWORDS: Manasika Vikara, stress, anxiety, depression, Shirodhara, Nasya, Medhya Rasayana, Sattvavajaya, Panchakarma

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INTRODUCTION:

Depressive and anxiety disorders account for a large share of the global burden of mental illness [2]. Large epidemiological surveys show high lifetime prevalence of psychiatric disorders and early age of onset [3]. The National Mental Health Survey of India (2015–16) estimated substantial prevalence of common mental disorders and a wide treatment gap [1]. Chronic stress affects neuroendocrine, immune and cardiovascular systems through allostatic load [5, 6], a concept that extends Selye's original stress model [7]. Complementary approaches are widely used by people with stress and mild mood symptoms, which makes the quality of the supporting evidence an important public health matter.

OBSERVATION AND RESULTS:

1. Ayurvedic Concepts of Mental Health

In Ayurveda, health requires balance of Doshas, Agni, Dhatus and Malas along with a pleasant state of Atma, Indriya and Manas [4, 8]. The mind is governed by Sattva, Rajas and Tamas, and mental disorders arise when Rajas and Tamas predominate, or when Vata, Pitta and Kapha affect the seat of the mind (Hridaya and Shiras) [4, 9]. Conditions such as Chittodvega (anxiety), Vishada (depression), Unmada (psychosis), Apasmara (epilepsy) and Atatvabhinivesha (obsessive thinking) are described, and Charaka outlines Satvavajaya (psychological therapy), Jnana, Vijnana, Dhairya, Smriti and Samadhi as measures to restore mental balance [4, 10]. Kashyapa Samhita adds insights relating to child mental health [11]. These terms are not exact equivalents of modern diagnoses, so careful clinical assessment is required.

2. Pathophysiology of Stress, Anxiety and Depression

Stress activates the hypothalamic–pituitary–adrenal axis and sympathetic nervous system, and sustained activation is linked with mood disorders, hypertension and metabolic disease [5, 6]. The gut–brain axis, including microbiota-mediated signalling, has also emerged as a modulator of anxiety and mood [12]. Relaxation-based practices can shift gene expression related to inflammation and energy metabolism, as shown in studies of the relaxation response [13, 14] and meditation [15]. These observations support the plausibility of mind–body interventions, although they do not directly test Panchakarma.

3. Panchakarma and Related Procedures

3.1 Shirodhara

Shirodhara involves a continuous stream of warm oil, milk or buttermilk poured on the forehead for a set duration. Experimental work has reported psychophysiological changes with Ayurvedic oil dripping, including effects on autonomic balance, mood and subjective relaxation [16]. Studies in healthy volunteers also describe changes in psychophysiological profile [17]. These data are encouraging but derive from small samples, often healthy participants, and do not establish efficacy in clinical depression or anxiety disorders.

3.2 Shiroabhyanga, Shirobasti and Murdha Taila

Head and scalp massage with medicated oils (for example Brahmi Taila, Ksheerabala Taila) is used to reduce restlessness and promote sleep [9, 18]. Massage therapies in general have shown short-term benefits on anxiety, mood and stress measures in meta-analytic reviews [19, 20].

3.3 Nasya

Nasya is the administration of medicated oils or powders through the nose, regarded as the gateway to the head (Shiras) [4, 9]. It is used for sleep disturbance, headache and cognitive complaints. Direct evidence in mental disorders is minimal.

3.4 Shodhana in Mental Disorders

For Unmada and Apasmara, classical practice employs Snehapana with Panchagavya or Mahakalyanaka Ghrita and subsequent Vamana or Virechana, depending on Dosha [4, 8]. Shodhana is not appropriate for acutely psychotic, agitated or suicidal patients and for frail individuals, and should never delay psychiatric treatment.

3.5 Basti

Basti with Vata-pacifying drugs may be used for chronic anxiety with insomnia and constipation [4, 10]. The gut–brain connection provides a hypothesis for this action [12], although clinical data are lacking.

3.6 Medhya Rasayana and Adjunct Practices

Medhya Rasayana herbs include Brahmi (Bacopa monnieri), Mandukaparni, Shankhapushpi, Yashtimadhu and Ashwagandha [21, 22]. A randomised placebo-controlled trial in older adults reported improved cognitive measures and reduced anxiety scores with a standardised Bacopa extract [23]. In adults under chronic stress, a randomised double-blind trial found reduced stress and anxiety scores with a

standardised Ashwagandha root extract [24]. Yoga also shows benefit on mood and stress outcomes in systematic reviews [25, 26], and these practices are commonly combined with Panchakarma programmes.

4. Evidence from Panchakarma Programmes

In an observational study of a Panchakarma-based residential programme, participants reported improved quality of life and reduced distress, although the design lacked a control group [27]. A metabolomic study of a Panchakarma-based intervention in healthy subjects showed distinct biochemical changes [28]. These findings suggest that structured programmes produce measurable effects, but separating the specific contribution of procedures from retreat conditions, rest, diet, yoga and expectation is difficult. Pragmatic randomised designs with active controls and validated scales (such as HAM-D, HAM-A, PSS and WHO-5) are needed.

5. Integration with Mental Health Care

- Screening and risk assessment, including suicidality, should be performed by trained clinicians [1].
- Moderate to severe depression, bipolar disorder and psychosis need psychiatric management, with Ayurvedic therapies only as adjuncts [2].
- Herb–drug interactions, especially with antidepressants, sedatives and thyroid medicines, should be reviewed [29].
- Counselling, sleep regulation, physical activity and social support (Sattvavajaya) remain central [4, 26].
- Patients should not discontinue prescribed psychiatric medicines without medical advice.

CONCLUSION:

Ayurveda offers a rich conceptual framework for mental health, and Panchakarma procedures such as Shirodhara and Nasya, along with Medhya Rasayana, may provide relaxation and support for stress-related symptoms [16, 17, 24]. Rigorous clinical trials in diagnosed anxiety and depression are still lacking, and the safe model is complementary, supervised care within a collaborative mental-health pathway [1, 30].

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