

## Case Report



### Integrative Ayurvedic approach to Perinatal Anxiety and Depression with Improved Breastfeeding Practices: A case report

<sup>1</sup>Rajjunnisa Begam, <sup>2</sup>Sunil Kumar, <sup>3</sup>Bawadkar Prasad

#### ABSTRACT:

**Background:** Perinatal anxiety and depression are frequent but underrecognized disorders of maternal mental health resulting in quality-of-life impairment and breastfeeding complications. Such conditions in Ayurveda are cognized as *Manasika vyadhi rajas prakopa* and *Tamas prakopa*. **Case presentation:** A 28-year-old primiparous female presented with the complaints of persistent fear, agitation, disturbed sleep, excessive worry, fatigue and maternal low confidence in breastfeeding. The severity was checked by assessment scales: HAM-A (Hamilton Anxiety Rating Scale) 24, HAM-D (Hamilton Depression Rating Scale) 22, ISI (Insomnia Severity Index) 19, *Ashtavibhrama* (eight type of derangement in mental faculties) and impaired WHOQOL-BREF (World Health Organization Quality of Life- Brief Version) domains. DSM-5 (Diagnostic and Statistical Manual of Mental disorder) introduced a perinatal anxiety and depression diagnosis. Intervention consisted of Integrated protocol, *Murdhni Taila* (*Shirodhara*, *Shirotalam* and *Shiropichu* with *Brahmi Taila*), oral medication (*Manasmitra Vati*, *Brahmi vati*, *Saraswatarishta* and *Agnitundivati*), *yoga* (*Nadi Shodhana*, *Bhramari*, Om chanting) planned in stage wise manner along with *Satwawajayachikitsa* counselling. Following concurrent therapy and 19 counselling sessions. **Outcomes:** There were observed gradual improvements in more than three months. The scores were minimized to HAM-A (Hamilton Anxiety Rating Scale) 7, HAM-D (Hamilton Depression Rating Scale) 6, ISI (Insomnia Severity Index) 6, *Ashtavibhrama* 0 and WHOQOL-BREF (World Health Organization Quality of Life- Brief Version) came close to the normal levels. Patient rebuild confidence in breastfeeding and stability. **Conclusion:** The treatment was carried out for 3 months, involving holistic Ayurveda management that integrated *Murdhni Taila*, *yoga*, *Satwawajaya chikitsa* (counselling), and shamanic medicines, effectively improving perinatal anxiety and depression. This highlights the potential of an individualized, holistic, integrative Ayurveda approach as a safe and supportive method..

**KEYWORDS:** Perinatal anxiety, Perinatal depression, *Ayurveda*, Breastfeeding, Case Report

RECEIVED ON:

19-09-2025

REVISED ON:

15-10-2025; 22-10-2025

ACCEPTED ON:

30-10-2025

Access This Article Online:

Quick Response Code:



Website Link:

<https://jahm.co.in>

DOI Link:

<https://doi.org/10.70066/jahm.v13i10.2357>

Corresponding Author Email:

[dr.razia.sk@gmail.com](mailto:dr.razia.sk@gmail.com)

CITE THIS ARTICLE AS

Rajjunnisa Begam, Sunil Kumar, Bawadkar Prasad. Integrative Ayurvedic approach to Perinatal Anxiety and Depression with Improved Breastfeeding Practices: A case report. *Journal of Ayurveda and Holistic Medicine (JAHM)*.2025;13(10):130-138



## 1. INTRODUCTION

Perinatal anxiety and depression are major mental health problems that impinge women during pregnancy and the postpartum stage and tend to lead to adverse maternal, neonatal and psychosocial outcomes. Hormonal changes, psychosocial stressors and sleep disorders affect these conditions and can impair maternal well-being, infant attachment and the general quality of life. [1] Ayurveda discusses such conditions as *Manasika Roga*, in which *Vata*, *Pitta* and *Kapha Doshas* are vitiated and *Rasa*, *Rakta* and *Majja Dhatus* are involved, with the result being emotional instability, cognitive dissonance, and sleep disorders. Classical writings highlight *Satwawajaya Chikitsa* (psychotherapy), *Medhya Rasayana* and *Achara Rasayana* (code of good conduct or rejuvenation through ethical behavior) as the means of restoring the mental equilibrium and enhancing mental resilience. [2-4]

Perinatal anxiety and depression are established in modern medicine as common disorders, and they occur in about 10-20 percent of the female population, with possible long-term health outcomes to the mother and child. [5] Although effective, pharmacotherapy is frequently contraindicated in pregnancy and lactation because of the perceived safety, thus attracting interest as integrative and non-pharmacological treatment involving herbal interventions, lifestyle changes and mind-body practices. [6]

The case is special because it shows the Ayurvedic Integrative Management of the perinatal anxiety and

depression during pregnancy and lactation that includes external therapies, oral medications, mind-body practices, counselling and is designed with *Dosha*-specific and *Manasika* imbalances of the patient. Gradual and long-term effects on mental health, sleep quality, and general functioning support the promise of Ayurveda as a safe, holistic, and patient-centered method and provides important clinical data on perinatal mental health management that does not jeopardize health of mother and baby.

## 2. CASE REPORT

A 27-year-old female patient visited *Manasolla* OPD, KLE Ayurveda Hospital MRC, on 23/12/24, with features of fear, apprehension, restlessness, excessive worry and inability to feed her 3-month-old baby. She also complained of difficulty concentrating, difficulties with everyday activities during the past year, difficulties falling and staying asleep, chronic fatigue. She was reportedly well a year ago but slowly began to have anxiety, overthink, irritability and decreased ability to do household chores. Her quality of life decreased due to sleep problems and chronic fatigue and she wanted to avoid leaving home. She was diagnosed as Generalized Anxiety Disorder (GAD) when she consulted psychiatrist and was given allopathic medication (Tab. Escitalopram 5mg OD) to take one year without any improvement, which she stopped taking. Chronological sequence of assessment and interventions is summarized in Table 1 (timeline of clinical events).

**Table 1: Timeline of Clinical Events in Patients case**

Time period	Clinical events & symptoms	Interventions/Notes
<b>April 2024</b>	Gradual onset of fear, agitation, restlessness, excessive worrying, irritability, and difficulty managing routine household work; chronic sleep disturbance with persistent tiredness	Consulted physician, diagnosed as Generalized Anxiety Disorder
<b>April-Sept. 2024</b>	Reluctance to go outside home; agitation worsened	Received allopathic medication for GAD for 1 year, but without satisfactory relief → discontinued on her own
<b>Sept. 2024</b>	Gave birth to healthy female child via normal vaginal delivery	Exclusive breastfeeding initiated
<b>Sept.-Dec. 2024</b>	Worsening symptoms: fear, agitation, persistent sense of impending doom, restlessness, poor concentration, inability to initiate activities; difficulty breastfeeding due to psychological stress	No active treatment continued
<b>23<sup>rd</sup> Dec. 2024</b>	Severe fear, restlessness, excessive worry, poor concentration, sleep disturbance, fatigue, and difficulty feeding her 3-month-old baby, social withdrawal, feelings of guilt.	Reported to Manasollasa OPD, KLE Ayurveda Hospital

**Clinical Findings:** Patient was well nourished, moderately built and mild pale. Cardiovascular and respiratory findings were normal. She was conscious, oriented, cooperative, anxious, restless and hesitant with fearful eye contact. Speech was spontaneous but disfluent, mood nervous. Thought, perception, cognition, memory, insight and judgment were intact.

**Diagnostic Assessment:** Based on peripartum onset, history and examination patient was diagnosed as perinatal anxiety and depression with breastfeeding

difficulty, meeting DSM-5 criteria for Generalized Anxiety Disorder with peripartum onset. HAM-A, HAM-D, ISI and BSES scores indicated significant diagnostic criteria for anxiety, depression, insomnia, and low breastfeeding confidence. Ayurveda *Chittodvega*, *Vishada* and *Rajas–Tamas Prakopa* were identified. Differential diagnosis stated in table 2. Diagnostic challenges involved overlapping postpartum emotional changes and mood fluctuations influenced by lactation and hormonal variations.

**Table 2: Differential and final diagnosis**

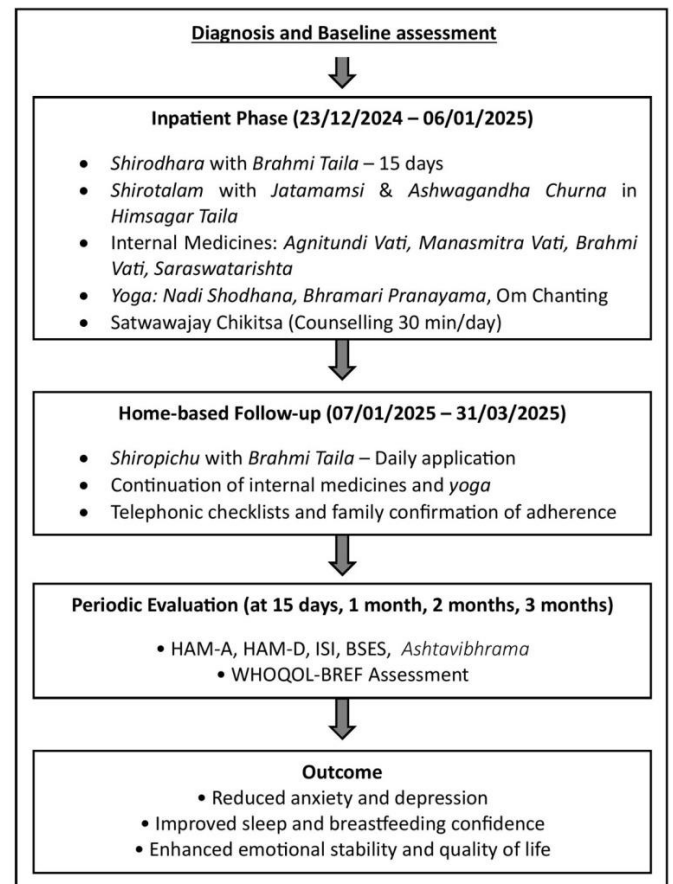
Condition	Key Features	Findings in Case	Reason for Exclusion / Remarks
<b>Postpartum Blues</b>	Mild mood changes, tearfulness, resolves within 2 weeks	Persistent anxiety and depression beyond 2 weeks	Longer duration; prepartum onset
<b>Postpartum</b>	Hallucinations, delusions,	No psychotic features; cognition	Absent psychosis; prepartum onset

<b>Psychosis</b>	disorganized behavior	intact	
<b>Hypothyroidism</b>	Fatigue, mood changes, altered thyroid profile	Normal thyroid results	Thyroid dysfunction ruled out
<b>Unmada</b> (Ayurveda)	Disorganized thought, perception, orientation	Normal cognition and behavior	No <i>Unmada</i> features like altered <i>Dhee-Dhrutismruti</i>
<b>Avasada</b> (Ayurveda)	Depressive state without anxiety	Prominent anxiety with peripartum onset	Mixed anxiety, depressive pattern
<b>Chittodvega</b> (Ayurveda)	Excessive worry, restlessness	Marked anxiety, disturbed sleep	Consistent with <i>Chittodvega</i>
<b>Vishada</b> (Ayurveda)	Sadness, disinterest, hopelessness	Low mood, fatigue, loss of interest	Aligns with <i>Vishada</i>
<b>Final Diagnosis</b>	Anxiety, depression, insomnia with peripartum onset	Consistent with DSM-5 and Ayurveda	<b>Perinatal Anxiety and Depression (<i>Chittodvega-Vishada</i>)</b>

**Therapeutic Intervention:** The comprehensive stepwise IP followed by home based treatment plan with progressive modifications combining external therapies (*Shirodhara, Shirotalam, Shiropichu*), internal medicines, supportive *yoga* and *Satwawajay chikitsa* was implemented. Treatment timeline flow IP Based and home based stated in table 3 and figure 1.

### 3. FOLLOW-UP AND OUTCOMES

Baseline and re-evaluation of the patient was done at 15<sup>th</sup>, 30<sup>th</sup>, 60<sup>th</sup> and 90<sup>th</sup> day with the help of clinical assessment tools and stated in Table 4. Adherence was monitored through medication intake records (IP Based) and through tele-checklist (home based) and further confirmed through feedback from patient attending family member. Patient maintained good compliance with no adverse events noted including lactational related during inpatient or 3 months follow up period. (Figure 1)



**Figure 1: Treatment Flow and Follow-up Timeline**

**Table 3.A: Comprehensive Treatment Protocol (IP-Inpatient-based)**

Date	Therapy Given	Sr. No.	Intervention	Drugs / Materials Used	Dose	Duration
23/12/24-06/01/25	External Therapies	1	<i>Shirodhara</i>	<i>Brahmi Taila</i> ( <b>Manufacturer:</b> Shree Narayana Ayurvedic Pharmacy Pvt Lmt <b>Batch No.:</b> 241)	1 Muhurta (40-45 mins.)	15 days
		2	<i>Shirotalam</i>	<i>Brahmi, Jatamamsi, Ashwagandha Churna with Himsagar Taila</i> ( <b>Manufacturer:</b> Swadeshi Oushadha Bhanadar <b>Batch No.:</b> 55/24)	1 Muhurta (40-45 mins.)	15 days
	Shamana Medicines	1	Tab. <i>Agnitundi Vati</i> ( <b>Manufacturer:</b> Shree Yash Remedies <b>Batch No.:</b> 1991023)		1 tab BID after food with lukewarm water	5 days
		2	Tab. <i>Manasmitra Vati</i> ( <b>Manufacturer:</b> Revinto Life Science Pvt. Ltd. <b>Batch No.:</b> RJA23349)		1 tab BID after food with lukewarm water	15 days
		3	<i>Saraswatarishta</i> ( <b>Manufacturer:</b> KLE Ayurveda Pharmacy <b>Batch No.:</b> I-KLE22-23)		3 tsp BID with 30 ml lukewarm water after food	15 days
	Supportive Yoga	1	<i>Pranayama</i>	<i>Nadi Shodhana &amp; Bhramari</i>	15 min daily	15 days
		2	Meditation	Om chanting	15 min daily	15 days
	<i>Satwawajayac hikitsa</i> ( <b>Counselling sessions</b> )		<i>Manaprasadana</i> (Mental pacification), <i>Mananigrah</i> (Thought regulation) and <i>Asvasana</i> (Reassurance)	Daily 30 mins.		15 days

**Table 3.B: Follow up treatment (Home-based)**

Intervention Type	Intervention	23/12/24–06/01/25	06/01/25–20/01/25	20/01/25–20/02/25	20/02/25–21/03/25
External therapy	<i>Shirodhara (Brahmi Taila)</i>	✓	-	-	-
	<i>Shirotalam (Herbal paste with Himsagar Taila)</i>	✓	-	-	-

	<i>Shiropichu with Brahmi taila</i>	-	-	✓	✓
<b>Shamana Medicines</b>	<i>Agnitundi Vati</i>	✓ (First 5 days)	-	-	-
	<i>Manasmitra Vati</i>	✓	-	-	-
	<i>Brahmi Vati</i>	-	✓	✓	✓
	<i>Saraswatarishta</i>	✓	✓	✓	✓
	<i>Kushmanda Rasayana</i>	-	✓	✓	✓
<b>Yoga</b>	<i>Pranayama (Nadi Shodhana + Bhramari)</i>	✓	✓	✓	✓
	Meditation (Om chanting)	✓	✓	✓	✓

**Table 4: Follow-up and Outcomes**

Parameter / Follow-up	Baseline (23/12/24)	1st FU (06/01/25)	2nd FU (20/01/25)	3rd FU (20/02/25)	4th FU (21/03/25)
HAM-A	24	18	14	10	7
HAM-D	22	17	13	9	6
ISI	19	15	14	9	6
BSES Score	36	48	58	59	64
Ashtavibhrama (0–4)	3 (Severe)	2 (Moderate)	1 (Mild)	1 (Mild)	0 (Not present)
WHOQOL-BREF	Markedly impaired (all domains)	Partial improvement in psychological domain	Noticeable improvement in psychological & social domains	Gains across psychological, social, & environmental domains	Near-normal across all domains
DSM-5 Status	Meets criteria for perinatal anxiety & depression	Criteria partially met	Criteria largely not met	Criteria not met	In remission
Remarks or clinical changes	Severe anxiety, low mood, disturbed sleep, low breastfeeding self-confidence	Improved sleep initiation, reduced irritability	Better emotional stability, improved breastfeeding confidence	Stable mood, minimal irritability, improved sleep	Restorative sleep, stable mood, confident in breastfeeding

#### 4. DISCUSSION

Depression and anxiety during the perinatal phase are multifactorial in origin relating to hormonal changes, Psychosocial stress and sleep disturbances during

pregnancy and postpartum. Ayurveda refers to perinatal anxiety and depression disorders as *Manasika Vikara*. *Vata* and *Pitta* vitiation are the major doshic involvement in perinatal anxiety and depression. The

doshic imbalance led to *Manasa vikaras* in the form of *Chinta* (excessive worrying), *Nidra-alpata* (disturbed sleeps), *Ashraddha* (loss of interest). Baseline assessment indicated severe Anxiety, low mood and insomnia and degraded quality of life on standardized scales with marked *Ashtavibhrama* indicating *Vata-Pitta* imbalance.

A well-designed inpatient treatment protocol was executed with external therapies (*Shirodhara*, *Shirotalam*), *Shamana* medicines, *Pranayama* and *Satwavajaya Chikitsa*. *Shirodhara* with *Brahmi Taila* for 15 days daily to pacify *Vata-Pitta*, reduce sympathetic hyperactivity and to promote sleep. [7] This was followed by *Shirotalam* with *Jatamansi* and *Ashwagandha Churna* in combination with *Himsagara Taila* to restore emotional stability, cognition and concentration. [8] *Brahmi* (*Bacopa monnieri*) acts as an antioxidant and neurotransmitter promoter, *Ashwagandha* (*Withania somnifera*) possesses adaptogenic and cortisol lowering properties and *Jatamansi* (*Nardostachys jatamansi*) shows GABAergic calming properties respectively. [9–11]

Oral *Agnitundi Vati* was administered for five days to improve *Agni* and correct the imbalance related to the gut-brain axis. *Manasmitra Vati* and *Saraswatarishta* were administered to stabilize his mood and improve the cognition and to pacify *Vata-Pitta*. *Nadi Shodhana* and *Bhramari Pranayama* with meditation on Om were performed daily. Yogic practices are known to calming effect on the mind; improve parasympathetic activity, emotional regulation and resilience. [12] *Satwavajaya Chikitsa* sessions provided psychological support for 30

min daily. It included *Manaprasadana* (mane pacification), *Mananigraha* (regulation of thoughts) *Asvasana* (Reassurance), etc., as per the concept of *Achara Rasayana* and *Pratidwandwa Chikitsa*. [13]

*Shiropichu* (local application of oil-soaked gauze piece) with *Brahmi Taila* was added during the follow-up period to maintain *Vata-Pitta* homeostasis. *Brahmi Vati* and *Kushmanda Rasayana* were given to maintain cognition and sleep, [6,10] whereas *Saraswatarishta* continued for sustaining mood stability. Regular practice of *Pranayama* and meditation were advised to avoid relapse.

The integration of Ayurvedic therapies, classical *Rasayana* formulations, yogic techniques and counselling significantly improved anxiety, mood and sleep. The calming effect of *Shirodhara*, *Shirotalam* and *Shiropichu* pacified *Vata*, *Pitta* and *mana*. [4,5] Classical combinations of *Brahmi Vati*, *Kushmanda Rasayana*, *Manasmitra Vati* and *Saraswatarishta* restored emotional balance with a protective action on nerves. Holistic management with Ayurvedic measures is an effective medical intervention for perinatal anxiety and depression. [14, 15]

## 5. CONCLUSION:

This case study discusses a 27-year-old woman displaying symptoms such as fear, apprehension, restlessness, excessive worry, and difficulty feeding her 3-month-old baby. She also reported challenges with concentration, daily activities over the past year, trouble falling asleep, staying asleep, and chronic fatigue. She was treated with a multidisciplinary Ayurvedic approach including *Shirodhara*, *Shirotalam*, *Rasayana* herbs,

*Pranayama*, and *Satwavajaya Chikitsa*, which can effectively address perinatal anxiety and depression by pacifying Vata and Pitta, improving emotional stability, cognition, and sleep over 90 days with no side effects. The patient attended four follow-ups, confirming the lasting impact of Ayurvedic treatment. This case highlights the integration of Ayurvedic therapies and suggests the need for future clinical studies with larger sample sizes to establish evidence-based Ayurvedic practices.

**Declaration of Patient Consent** – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

**Patient perspective** - I was having the symptoms of fear, difficulty feeding my baby, restlessness, fatigue, and negative thoughts before taking this treatment. After Ayurvedic management, my breastfeeding improved, and I felt very happy because I was free from fear, sleeplessness other results that I got after 3 months of treatment.

**Authors Details:**

<sup>1\*</sup>Asst. Professor, Department of Manasaroga, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India-590003

PhD. Scholar, Department of Kayachikitsa-Manasaroga, Mahatma Gandhi Ayurveda College, DMIHER, Warda, Salod, Maharashtra, India-442001

<sup>2</sup>Associate Professor, Department of Kayachikitsa, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India-590003

<sup>3</sup>PG Scholar. Department of Kayachikitsa, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India-590003

**Authors Contribution:**

Conceptualization and Clinical Management: RBS, BP, R.SD

Data collection and literature search: RBS, BP, R.SD

Writing Original Draft: RBS, BP, R.SD

Reviewing & Editing: RBS, BP, R.SD

Approval of Final Manuscript: All the Authors.

**Declaration of Generative AI**

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

**Conflict of Interest** – The authors declare no conflicts of interest.

**Source of Support** – The authors declare no source of support.

**Additional Information:**

Authors can order reprints (print copies) of their articles by visiting: <https://www.akinik.com/products/2281/journal-of-ayurveda-and-holistic-medicine-jahm>

**Publisher's Note:**

Atreya Ayurveda Publications remains neutral with regard to jurisdictional claims in published maps, institutional affiliations, and territorial designations. The publisher does not take any position concerning legal status of countries, territories, or borders shown on maps or mentioned in institutional affiliations.

**REFERENCES:**

1. Dennis CL, Falah-Hassani K. Prevalence of antenatal and postnatal anxiety: systematic review and meta-analysis. Br J Psychiatry. 2016 Mar;208(4):265–72. Available from: <https://doi.org/10.1192/bjp.bp.114.148130>
2. Yadavaji Trikamaji (editor). Charaka Samhita of Charaka, Sutrasthana, chapter 11, verse no.46-54, Reprint edition, Varanasi; Chaukhambha Orientalia; 2015; 77.
3. Yadavaji Trikamaji (editor). Charaka Samhita of Charaka, Chikitsasthana, chapter 1/4, verse no.30-35, Reprint edition, Varanasi; Chaukhambha Orientalia; 2015; 389.

4. Gusain, T., Chauhan, N. ., & Maithani, V. . (2024). A Conceptual Review on Importance of Achara Rasayana in Ayurveda w.s.r. Mental Health. Journal of Ayurveda and Holistic Medicine (JAHM), 12(6). Available from: <https://doi.org/10.70066/jahm.v12i6.1403>
5. Howard LM, Molyneaux E, Dennis C, Rochat T, Stein A, Milgrom J. Perinatal mental health: the impact on mother and child. Lancet. 2014 Nov;384(9956):1800–19. Available from: [https://doi.org/10.1016/S0140-6736\(14\)61277-9](https://doi.org/10.1016/S0140-6736(14)61277-9)
6. Field T. Yoga and meditation interventions for perinatal depression: evidence-based review. Complement Ther Clin Pract. 2012 Aug;18(4):190–5. Available from: <https://doi.org/10.1016/j.ctcp.2012.06.001>
7. Sharma PV. Ayurvedic perspectives on Shirodhara. Ancient Sci Life. 2004 Jan-Mar;23(3):103–9. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3336471/>
8. Bhattacharya S, Bhide A, Salvi S. Role of Shirothalam in anxiety and stress. AYU. 2012 Apr-Jun;33(2):211–6. Available from: <https://doi.org/10.4103/0974-8520.105247>
9. Singh N, Nath R, Lata A, et al. Neurocognitive effects of Brahmi and Jatamansi in stress-induced anxiety models. Phytother Res. 2014 Feb;28(2):176–82. Available from: <https://doi.org/10.1002/ptr.4972>
10. Bhattacharya SK, Bhattacharya A, Kumar A, Ghosal S. Neuropharmacological effects of Bacopa monnieri in animal models of anxiety and depression. Phytother Res. 2008 May;22(5):643–7. Available from: <https://doi.org/10.1002/ptr.2342>
11. Cooley K, Szczurko O, Perri D, et al. Adaptogenic and anxiolytic effects of Withania somnifera in clinical populations. J Clin Psychiatry. 2009 Apr;70(4):514–22. Available from: <https://doi.org/10.4088/JCP.08m04268>
12. Telles S, Singh N, Joshi M, Balkrishna A. Effect of pranayama and meditation on mental health. Indian J Psychiatry. 2012 Jul;54(3):250–6. Available from: <https://doi.org/10.4103/0019-5545.102412>
13. Tubaki BR, Chandake S, Sarhyal A. Ayurveda management of major depressive disorder: a case study. J Ayurveda Integr Med. 2021 Apr-Jun;12(2):378–83. Available from: <https://doi.org/10.1016/j.jaim.2021.03.012>
14. Sathyanarayanan D, Ramu P, Bhuvaneshwari S, Manickam V, Ramasubbu S. Efficacy of Manasmitra Vatakam (MMV) in the management of generalized anxiety disorder: a randomized controlled trial. Ancient Sci Life. 2013 Apr;32(4):198–202. Available from: <https://doi.org/10.4103/0257-7941.131986>
15. Kulamarva, K. (2025). Integrating ancient mental hygiene and behaviorism with mind-body medicine: A preventive health perspective from Ayurveda and Yoga. Journal of Ayurveda and Holistic Medicine (JAHM), 13(4), 111-118. Available from: <https://doi.org/10.70066/jahm.v13i4.1680>