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Case Report

Comprehensive Ayurvedic Management of Treatment Resistant Major Depressive Disorder: A Case Report

[1]Aayushi Umesh Soni, [2*]Basavaraj R Tubaki, [3]Sonali D Konkeri, [4]Bawadkar Prasad

ABSTRACT:

Background: Major Depressive Disorder (MDD), a frequently found severe psychiatric condition which leads to significant impairment in mood, cognition, daily functioning as well as overall quality-of-life. Features include depressed mood, loss of interest, feelings of worthlessness, guilt and reduced sleep. Treatment resistant depression is a condition where patients with Major Depressive Disorder fail to achieve adequate clinical response despite of at least 2 antidepressant trials with adequate dose and duration. Even though above features mostly resemble *Kaphaja Unmada* chronic and treatment resistant cases of Major Depressive Disorder can be better understood as *Tridoshaja* involvement with predominance of *Vata* as well as *Kapha* along with *Tamasika* dominance and *Avara Satwa*. **Clinical Findings:** A 21-year-old-male presented with chief complaints of low mood, loss-of-interest, feeling of worthlessness, hopelessness, suicidal thoughts, feeling guilty and reduced sleep since past 3 years with worsening observed over last 4 months. His general appearance was poorly groomed, sad with reduced motor-activity. On examination reveals slow speech with low-pitch-voice, depressed mood with thought content disturbance characterized by death wishes as well as feelings of worthlessness. The severity was checked by assessment scales : Hamilton Depression Rating Scale (HAM-D) 32 and The Montgomery–Asberg Depression Rating Scale (MADRS) 30, reveals severe depression. Hamilton Anxiety Rating Scale (HAM-A) score 25 suggesting severe anxiety and Beck's Hopelessness (BHS) 23 indicating moderate hopelessness. As per DSM-V-TR, diagnosed as MDD, characterized by depressed mood, loss-of-interest, feeling of worthlessness and insomnia. **Intervention:** Previously patient was treated with antidepressants which were escitalopram and fluoxetine along with psychotherapy which was taken regularly for few months without improvement later irregular because of no improvement and later discontinued 2 months prior to presentation. Intervention encompassed comprehensive protocol spanning over 375 days with 2-in-patient admissions comprising *Shodhana,* External procedures, *nasya* along with oral medications, *Satwawajayachikitsa* (psychotherapy) and *yoga*. **Outcome:** Gradual improvement was observed in assessment parameters across multiple domains. HAM-D reduced to 13 from 32, MADRS reduced to 12 from 30, HAM-A reduced to 10 from 25 and BHS reduced to 8 from 13, at baseline, indicating clinical improvement in mood disturbances and anxiety. **Conclusion:** A chronic case of treatment-resistant severe depression with recurrent episodes, on combined therapy, showed marked improvement after comprehensive management, as assessed through HAM-D, MADRS, HAM-A and BHS domains without any adverse events. Long term follow-up of 12 months shows sustained relief and improved daily functioning in MDD. This case explains the role of comprehensive *Ayurveda* protocol in management of treatment-resistant severe depression.

KEYWORDS: *Ayurveda*, Case Report, Major Depressive disorder, *Unmada*

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Corresponding Author Email:

ayurbasavaraj@gmail.com

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1. INTRODUCTION

Major Depressive disorder (MDD) is common and serious psychiatric disorder worldwide with a lifetime prevalence of about 5 to 17% with 12% average. WHO, ranked it as 3rd cause of disease burden in 2008, anticipated 1st rank by 2030. [1] It is characterized by persistently low or depressed mood, decreased interest in pleasurable activities, feeling of guilt or worthlessness, appetite changes, psychomotor retardation, disturbances in sleep or suicidal thoughts. [1]

Current treatment includes first-line Serotonin–Norepinephrine Reuptake Inhibitors (SNRIs) and Selective Serotonin Reuptake Inhibitors (SSRIs), with alternatives like atypical antidepressants and Monoamine Oxidase Inhibitors (MAOIs), as pharmacological medications, but have side-effects including sexual dysfunction, overdose lethality, weight gain, gastrointestinal-issues, hypertension and sedation.[1] Whereas, combined medication and psychotherapy is required in moderate-to-severe cases, including Electroconvulsive Therapy (ECT) in treatment resistant depression. [2] Treatment resistant depression in Major Depressive disorder (MDD) is defined as failure to achieve adequate clinical response after at least two or more antidepressant trials of adequate dose, duration and adherence. [3]

From *Ayurveda* perspective, similar to *Unmada* featuring derangement of mind, intellect and psychomotor activity. Specially, *Kaphaja unmada* manifesting predominantly as *Avara-satwa* in severe cases resemble MDD, with *vishada* (low mood), *Sadana* (feeling of fatigue), *krodha* (irritability), *aruchi* (anorexia), *Dhee-Smriti-vibhrama* (poor concentration and attention). [4] Apart from this symtioms includes *Vishada* (suicidal thoughts, sadness), *Dainya* (dejection), *Avasada* (guilt), *dhee-vibhrama* (depressive cognition), *avara satwa* (crying spells) reflecting *Tamasika predominance*. Classics mention *Shodhana* (purificatory) therapies, *Satwawajaya chikitsa (psychotherapy)*, *Medhya* (neurocognitive) and *achara-rasayana* (behavioral-ethics) in-order-to restore mental balance and resilience. [4]

Uniqueness of current case lies in multi-domain improvement in treatment-resistant MDD case which was previously unresponsive to conventional therapy with sustained improvement over 1 year follow up.

2. CASE REPORT

A 21-year-old-male patient presented with chief-complaints of low mood, loss-of-interest, feeling of worthlessness and hopelessness, emotionally disconnected and suicidal-thoughts associated with disturbed-sleep along with difficulty concentrating, feeling guilty about himself, reduced personal-hygiene since past 2 years, which aggravated since last 4 months.

He was reportedly well three-years-ago, gradually had anxiety, irritability, overthinking with decreased academic performance. Illness had insidious onset with initial appeared symptoms was anxiety and fear during social interactions later worsened after relocation to new environment. Basically, patient belonged to nuclear family with supportive background. There was no significant family history noted pertaining to psychiatric illness. He had history of difficulty in social interactions since adolescence which later got worsened after relocation to new environment. Academic stress along with challenges in adapting to new surroundings acted as significant psychosocial stressors. Over time patient developed social withdrawal, reduced interpersonal communication as well as functional impairment in daily activities. He was 14 years and student of secondary school. He was not diagnosed to have social phobia before but he had some mild anxiety along with fear when interacting with unknown people which was generalized to all school subjects and also people in his peer group. There was no history of substance or drug use noted. He claimed he occasionally engages in social media but not excessively or addictively. While correlation of initial symptoms with academic stress

and difficulty with social interaction may suggest possibility of exam stress and social phobia but persistence of symptoms beyond those precipitating situations, perseverance of symptoms likewise pervasively low mood, guilty feelings, worthlessness and suicidal ideation point to predominant depressive cognitive distortions which are out of proportion to what we expect in exam stress and social phobia. Apart from this exam stress and social phobia by themselves are unlikely to produce cognitive distortions which are not situation based and those which lead to negative views about self and suicidal ideation. Therefore, this presentation was more consistent towards MDD. His quality of life decreased due to sleep-disturbance, chronic fatigue with reduced self-hygiene and started avoiding college. He was diagnosed as Major Depressive Disorder (MDD) by psychiatrist and initially he was treated with conventional antidepressants, escitalopram 10 mg once daily followed by fluoxetine 20 mg which was also once daily. He maintained regular adherence of given medicines over 24 weeks but due to inadequate clinical improvement adherence became irregular over next 16–18 weeks and then medications were discontinued approximately 10 weeks prior to presentation. Timeline of events is mentioned in table 1.

Patient's medical history revealed that when consulted various psychiatric hospitals, was prescribed with various anti-depressants, along with Transcranial Magnetic Stimulation (TMS) for 30 sessions and six Electroconvulsive therapy (ECT) sessions, on Dec 2022. Later repeated administration of TMS was done for 25 sessions along with antidepressants in May 2023, had discontinued the medications in the last two months.

Table1: Timeline of clinical events in patient case

Date / Year	Event
2019 (Age 14 years)	Initial symptoms appeared – gradual onset of fear and anxiety during social interactions; academic performance unaffected.
2020 (Age 17 years)	After relocation to Chennai, increased anxiety during interaction with teachers and authority figures; avoidance behaviour and functional impairment noted.
2022 (Age 19 years)	First psychiatric consultation; diagnosed with Major Depressive Disorder.
2022	Baseline psychiatric evaluation performed; antidepressants and psychotherapy initiated.
2022–2023	Patient was on antidepressants (including escitalopram and fluoxetine) with initial regular adherence, later becoming irregular.
2023 (Following months)	Persistence of low mood, anhedonia, worthlessness, hopelessness, suicidal ideation, sleep disturbance, impaired concentration, and reduced personal hygiene.
2023 (6 months duration)	Treatment intensified with Transcranial Magnetic Stimulation and Electroconvulsive Therapy due to inadequate response.
2024 (2 months prior to presentation)	Patient discontinued conventional medications on his own.
Ongoing	Lost Follow-up of psychiatric care, symptoms persistent prior to *Ayurveda* intervention.

Clinical Findings: Patient underwent detailed psychiatric evaluation based on information given by patient. General physical, systemic and musculoskeletal examination were found to be normal, with well-nourished and moderate-built, but was mildly-pale. On psychiatric assessment, he was conscious, oriented, cooperative, dull with low-voice, poor eye contact, passive gestures with visible sadness. Mental Status Examination (MSE) revealed depressed mood, emotional disturbances with marked depressive thought content, whereas perception, cognition, abstract, insight and judgement was intact. Higher Mental Function was intact and he had proper insight about his disease. Montgomery–Asberg Depression Rating Scale (MADRS) score was 30 indicating moderate depression and Hamilton Depression Rating Scale

(HDRS) scored 32, indicating severe depression, Hamilton Anxiety Rating Scale (HAM-A) score was 23 suggesting moderate anxiety and Beck's Hopelessness Scale scores was 13, suggestive of Moderate hopelessness.

Diagnostic Assessment: Diagnostic Challenges: Initial overlap with social anxiety and exam pertaining stress posed some kind of diagnostic difficulty however persistence of symptoms beyond situational triggers and also presence of core depressive features supported diagnosis towards MDD. Diagnosis was based on history taking, thorough clinical examination and detailed psychiatric workup. Patient met the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5th text revision criteria for MDD. Patient had comorbid social phobia as per DSM 5 TR. Assessment of *Manasika Bhava* showed dominance of *Chinta* (worry), *Udvega* (anxiety), *Shoka* (grief), *Bhaya* (fear) as well as *Moha* (cognitive disturbance) along with features of *Vishada* and *Dhee-Smriti-vibhrama* which were suggesting disturbed mental status. Satva was assessed clinically classical *Lakshanas* and functional parameters. Patient presented with *Lakshanas* of *Avara Satva* includes *Alpa Bala* (Poor stress tolerance), *Bhiru* (fearfulness), *Shoka* (persistent grief) and lack of persistence in works and dimensions of less coping ability and emotional instability which indicates less psychological strength. Based on these findings condition was diagnosed *Sannipataja Unmada* (NAMC EM-2.4). Differential diagnosis considered mentioned in Table 2.

Prognosis: Considering condition during presentation prognosis was considered as favourable.

Table 2: Differential Diagnosis

Differential Diagnosis	Key Features	Case findings	Exclusion/Remark
Depressive mood due to medical condition	Depressed mood or loss of interest as a consequence of another medical condition	Depressed mood or loss of interest, sadness	No etiological medical condition
Substance induced mood disorder	Depressed mood or loss of interest due to effect of a substance use	Depressed mood, loss of interest	No history of substance use
Persistent Depressive disorder	Depressed mood for most of the day, for more than two years	Depressed mood, loss of interest with vegetative symptoms	MDD symptoms free between episode
Adjustment disorder with depressed mood.	Depressed mood, hopelessness, loss of interest within 3 months of identifiable stressor.	Depressed mood, hopelessness, loss of interest for two years	Symptoms more than three months without a clear reason.
Major Depressive Disorder	Depressed mood, loss of interest with vegetative symptoms	Depressed mood, loss of interest with vegetative symptoms	-

Therapeutic Intervention: Comprehensive treatment spanned for 12 months, included 2 in-patient treatments of 20 days in total. Detail treatment timeline IP-based and oral medications stated in Table 3.

Table 3: Comprehensive Treatment Protocol Administered

Date	Therapy	Drugs Used	Dose	Duration
1st IPD (5/7/24–18/7/24)	*Virechana* (*Snehapana*)	*Kalyanaka Ghrita* (KG) [Nagarjuna Pharmacy, YAFB]	30–120 ml	3 d
	Vishrama Kala (Abhyanga)		—	2 d
	Virechana	*Trivruta Leha + Triphala Kwatha* (TK) [KLE Ayurveda Pharmacy, I-KLE24-25]	40 g + 100	1 d

			ml	
	Abhyanga + Sweda	*Murchita Tila Taila* (MTT) [KLE Ayurveda Pharmacy, I-KLE24-25]	45 min	14 d
	Takradhara	*Jatamansi + Amalaki + Musta Kwatha* (JAMK) [KLE Ayurveda Pharmacy, I-KLE24-25]	45 min	14 d
	Nasya (M/A)	*Jyotishmati Taila* (JT) [Kajrekar Pharmacy, I-1] / KG	20–70 drops	7 d
	Shamana	*Sarpagandha Ghana Vati* (SGV) [NRN Pharmacy, 241], *Brahmi Vati* (BV) [BYD Pharmacy, 80011], *Ashwagandharishta* (AA) [KLE Ayurveda Pharmacy, I-KLE24-25], *Hingwastaka Choorna* (HC) [KLE Ayurveda Pharmacy, I-KLE24-25]	As per schedule	—
	Satvavajaya	Counseling	15 min	Daily
Post-IPD (18/7/24–12/8/24)	*Pratimarsha Nasya*	*JT*	4 drops BD	25 d
	Shamana	SGV, BV, AA	—	—
2nd IPD (12/8/24–17/8/24)	*Abhyanga + Sweda*	*Bala-Ashwagandha Taila* (BAT) [KLE Ayurveda Pharmacy, I-KLE24-25]	45 min	5 d
	Takradhara	*JAMK*	45 min	5 d
	Anuvasana Basti	KG	50 ml	5 d
	Niruha Basti	*Dashmoola + Sarpagandha + Musta + Kapikachu Kwatha* (DSMK), *Kalka*- DSMK, *Madhu, Lavana, Sneha* – JT, [KLE Ayurveda Pharmacy, I-KLE24-25]	300 ml	3 d
	Shamana	SGV, *Manas Mitra Vati* (MMV) [Prakrutu Pharmacy, 11], AA	—	—
	Yoga	*Pranayama* + *Om* chanting	10 min	Daily
Follow-up	Oral medications	KG, BV, SGV, MMV, AA	As advised	Up to 1 year

Follow-up and outcomes: Baseline and re-evaluation of the patient was done on each follow-up-visit, with the help of clinical assessment scales (Table-4).

Table 4: Follow-up and outcomes:

Assessment parameter	HAM-D Score	Beck's Hopelessness	MADRS	HAM-A	Clinical observations
Baseline 5/7/24	32	13	30	25	Social phobia with anxiety, low mood, loss-of-interest, feeling of worthlessness and hopelessness, emotionally disconnected and suicidal-thought, disturbed sleep with reduced personal-hygiene.
18/7/24	18	09	22	16	Social phobia and anxiety were improved; feeling-of-hopelessness was reduced with improved sleep and mood.
12/8/24	25	10	25	13	Social phobia was reduced with occasional social-anxiety observed, Dull mood persisted, interest in activities improved with maintained self-hygiene.
17/8/24	16	12	20	11	Dull mood improved with no anxiety noted; loss-of-interest reduced mildly; no

					suicidal thoughts observed.
24/9/24	14	11	18	14	Improvement in dull mood was observed with no anxiety, feeling-of-hopelessness was reduced but feeling lonely.
16/10/24	18	10	21	11	Feeling of dull, worthlessness reduced but loss-of-interest persisted.
4/1/25	15	10	17	10	Mood changes noted with fluctuations , disturbances in sleep noted, loss-of-interest improved partially.
1/5/25	13	09	15	8	Positive and sustained changes in mood, feeling-of-hopelessness, worthlessness noted. Sleep and appetite improved.
18/6/25	13	10	14	8	Mood disturbances reduced significantly with improved sleep, appetite and self-hygiene.
15/7/25	13	08	12	10	Social phobia was reduced with no social-anxiety, significant improvement in mood and anhedonia with maintained self-hygiene observed.

Adverse events: No any adverse events were observed during the whole treatment duration.

Adherence: Adherence was monitored through in patient medication records as well daily treatment logs and also telephonic follow up confirming regular intake of prescribed medications.

Tolerability: Tolerability was assessed based on patient reported outcomes as well as clinical monitoring for any adverse drug reactions or side effects during treatment also follow-up and none of which were noted during whole period.

3. DISCUSSION

MDD a chronic, relapsing remitting psychiatric condition characterized by excessive levels of morbidity with functional impairment that may be associated with mood, cognitive and psychosocial disability. [1] Considering the enormous need of treatment resistant depression, pharmacotherapy and psychotherapy in combination with TMS and ECT have demonstrated prospects of holistic management of MDD with inadequate outcomes. [2,3] In current case, patient experienced a chronic course of illness and undertook various conventional treatment approaches with inadequate response. Baseline severity of illness evidenced severe depression along with anxiety (Table 4). Post-intervention with comprehensive *Ayurveda* treatment, HAM-D, MADRS, HAM-A and Becks Hopelessness scores reduced progressively and sustained improvement was noticeable over follow-up-visits (Table 4), establishing meaningful clinical recovery.

Evidences indicate role of *Ayurveda* in depressive disorders. Chand et al. reported improvement in *Kaphaja Unmada* with *Shodhana* and *Shamana* (oral-medications) without any adverse effects. [4] *Brahmi Vati* and *Ashwagandharishta* were evaluated in randomized controlled trial and found significant in reducing severity of depressive symptomatology. [5] In another studies, *Manasamitra Vataka* has shown anxiolytic and antidepressant effects in controlled clinical setting. [6] Same observation was noted in this case also.

Probable mode-of-action according to *Ayurveda*, MDD can be equated to *Kaphaja Unmada*, wherein *VataKapha Dushti* and *Tama* predominance causing *Avara Satwa* and impaired *Manovaha Srotas*. *Acharyas* have indicated *Shodhana, Shirovirechana* (*Nasya*) and *Basti* in such conditions. [7,8,9] *Shodhana* (*Virecha*na and *Basti*): *Virechana* evacuates vitiated *Doshas* from the system, restore *Agni* and lead to *Srotoshuddhi*, thus alleviating the psychic influence and emotional instability. [7,8] *Basti* is the first-line therapy for *Vata* regulation. It acts at the level of *Pakwasaya*, which is prime location for *Vata Dosha*. [9] Besides this, the neural

activity and functional processes related to cognition, neural co-ordination, emotional responses, etc., are all related to *Vata*. Hence, the normalization of *Vata* by *Basti* may help in mood regulation and sleep induction. Contemporary researches demonstrate the plausible effect of *Basti* on gut-brain axis, regulating the serotonin pathways and inflammatory mediators involved in the causation of depression. [10] *Nasya* and *Takradhara*: *Nasya* with *Jyotishmati Taila* purportedly have antidepressant effect by virtue of its action on GABAergic and monoaminergic pathways. [11] *Takradhara* appears to cause a state of parasympathetic dominance by continuous stimulation over the frontal region, thereby mitigating the high sympathetic drive and achieve neuroendocrine homeostasis. [12] *Musta* and *Jatamansi* are known CNS modulating and anxiolytic herbs, thereby help in mood stabilization. [13,14] Shamana Medications: *Medhya Rasayana* drugs include *Brahmi Vati* and *Kalyanaka Ghrita* possess neuroprotective, antioxidant as well as anxiolytic effects. [5,9] *Ashwagandharish*ta has adaptogenic effect and is known to regulate cortisol and neurotransmitter turnover. [5] *Sarpagandha* acts as a sedative and calming agent through its central monoaminergic modulation. [15] *Kapikachu* improves dopaminergic transmission and thus improve motivation and anhedonia. [16] *Hingwastaka Churna* improves digestive fire, thereby restoring *Agni* and supports the return of normal mental health by indirect mechanism. [17] *Satwawajaya Chikitsa* and *Yoga*: *Satwawajaya-chikitsa* works on the principle of cognitive restructuring, reassurance and affective regulation analysis, which bring increase in *Satwa-Bala* and Mental Resilience. [18] *Pranayama* practices like *Nadi Shodhana* and *Bhramari* improves vagal activity and thereby brings autonomic balance and decrease the stress-related neuro-endocrinal hyperactivity. [19] Thus, above measures helps in the neurobiological stabilization and emotional regulation.

Integrative approaches of *Shodhana, Shamana*, psychological counselling and *Yoga* together might have produced synergistic therapeutic effects, reflected in sustained fall in scores over 375 days (Table 4). The conclusion is also supported by the observation with no adverse-events during treatment and follow-up period. Hence, these interventions seem to be safe and well-tolerated.

Strength: The case showed gradual and sustained improvement in treatment resistant MDD Improvement was observed in subjective and objective parameters (HAM- A, MADRS, BH, and). Long-term follow-up of over 1 year remains a major strength, highlighting its good adherence and tolerability for treatment, substantiate the sustained symptomatic relief of the patient. Clinical improvement with intact daily-functioning sustained, despite stopping medicines for three months, suggesting neurobiological and psychological stabilization.

Limitations: As it is a single-case-study, findings from case cannot be generalized. Comprehensive interventions make it difficult to observe clinical improvement about single component. Improvement may be influenced by therapeutic alliance, lifestyle modifications and psychosocial environment.

4. CONCLUSION

Patient had a chronic course of Major Depressive Disorder with depressed mood, anhedonia, hopelessness alongwith sleep disturbance despite prior conventional interventions. A comprehensive *Ayurveda* management protocol consisting of *Shodhana* (*Virechana* and *Basti*), *Shamana* medications, *Nasya, Shirodhara, Satwawajaya Chikitsa* and also *Yoga/Pranayama* was administered in two-in-patient phases. Total treatment course, including follow-up, extended over 375 days. Sustained clinical improvement was noted across multiple-domains when assessed on standardized scales, subjective improvement in mood, sleep, appetite and daily functioning was noted. Incidental findings included improved

social interaction and overall sense of well-being. No adverse-effects were seen during treatment or follow-up.

Key Takeaway: This case highlights that multimodal *Ayurveda* approach may offer safe as well as sustained benefits in chronic Major Depressive Disorder and warrants further evaluation through larger controlled clinical trials.

Abbreviations:

MDD – Major Depressive Disorder

HAM-D - Hamilton Depression Rating Scale

MADRS - The Montgomery–Asberg Depression Rating Scale

HAM-A- Hamilton Anxiety Rating Scale

BH Scale - Beck's Hopelessness Scale

SNRIs - Serotonin–Norepinephrine Reuptake Inhibitors

SSRIs - Selective Serotonin Reuptake Inhibitors

MAOIs - Monoamine Oxidase Inhibitors

TMS - Transcranial Magnetic Stimulation

ECT - Electro Convulsive Therapy

DSM V TR - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision

TSP- Teaspoon

MSE - Mental Status Examination

BD - Twice daily

f/b – Followed by

L/w - Lukewarm water

TID - Three times a Day

B/F - Before Food

A/F - After Food

KG – *Kalyanaka Ghrita*

SGV – *Sarpagandha Ghana Vati*

BV – *Brahmi Vati*

AA – *Ashwagandharishta*

HC – *Hingwastaka Choorna*

JT – *Jyotishmati Taila*

BAT – *Bala-Ashwagandha Taila*

MMV – *Manas Mitra Vati*

JAMK – *Jatamansi Amalaki Musta Kwatha*

DSMK – *Dashmoola Sarpagandha Musta Kapikachu Kwatha*

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's Perspective: I was struggling with depressed mood, no interest in pleasurable activities, unable-to-concentrate and do daily-activities, with reduced self-hygiene. On consulting psychiatrist was diagnosed as MDD. Even after multiple medicines and psychotherapy, didn't notice sustained improvement. Hence, tried Ayurveda as my last hope, where I noticed gradual improvement in my symptoms and was able to-do daily-activities without any mood disturbances.

Authors Details:

[1]Post Graduate Scholar, Department of Kayachikitsa, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka, India- 590003

[2*]Dean, Professor and Head of Department of Kayachikitsa, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka, India- 590003

[3]Post Graduate Scholar, Department of Kayachikitsa, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka, India- 590003

[4]Post Graduate Scholar, Department of Kayachikitsa, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka, India- 590003

Authors Contribution:

Conceptualization and Clinical Management: BRT

Data Collection and literature search: AUS

Writing -Original Draft: AUS, BP, SDK

Proofreading/Copyediting: BRT

Consent to Publish Final Manuscript: All authors

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