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Review Article

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"VISHADA (DEPRESSION) IN AYURVEDA: A REVIEW OF HERBAL AND PANCHAKARMA INTERVENTIONS"

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ABSTRACT:

Background: Depression is a leading cause of disability worldwide. Many patients do not respond adequately to first-line antidepressants, and many in India seek Ayurvedic care. Charaka described Vishada (despondency) as the foremost factor that aggravates disease, and Ayurvedic texts describe related states under Kaphaja Unmada, Chinta and Shoka. **Objective:** To review the Ayurvedic understanding of Vishada and the evidence for herbal and Panchakarma interventions in depression. **Methods:** Narrative review of classical texts and of clinical and preclinical literature from PubMed, Google Scholar, DOAJ and Ayurveda journals, with priority to randomised controlled trials and meta-analyses. **Results:** Vishada is understood as a condition of Tamas and Kapha predominance with Vata involvement, characterised by low mood, loss of enthusiasm, fatigue and withdrawal. Among Ayurvedic and related herbs, saffron (Kumkuma) and curcumin (from Haridra) have the most consistent clinical evidence from meta-analyses of randomised trials. Ashwagandha and Brahmi show antidepressant-like effects in animal models and some supportive human data. A randomised study of a Virechana-based Panchakarma module followed by an Ayurvedic formulation reported improvement in depression scores, heart rate variability and cortisol, but lacked a placebo or standard-treatment control. Yoga, including Sudarshan Kriya Yoga, has supportive trial evidence. **Conclusion:** Ayurveda offers a plausible framework and several promising interventions for depression. The evidence is strongest for saffron, curcumin and yoga, and weakest for Panchakarma and classical polyherbal formulations. A formal systematic review and adequately controlled trials are needed.

Keywords: Vishada; depression; Ayurveda; Panchakarma; Virechana; saffron; curcumin; Ashwagandha; yoga

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INTRODUCTION:

Depression affects an estimated 280 million people worldwide and is one of the leading causes of disability[1]. The Global Burden of Disease study ranks depressive disorders among the top contributors to years lived with disability[2]. Antidepressant drugs are effective on average, and a large network meta-analysis confirmed that all 21 antidepressants studied were more effective than placebo for acute major depression[3]. However, many patients do not achieve remission: in the large STAR*D study, about one-third of patients achieved remission with the first antidepressant, and cumulative remission after several treatment steps was about two-thirds[4]. Side effects, stigma and cost also limit treatment.

Ayurveda has a long tradition of treating mental disorders. Charaka described Vishada (despondency) as the most important of the factors that aggravate disease (Vishado rogavardhananam shreshtha), highlighting the role of low mood in the course of all illnesses[5]. This review describes the Ayurvedic concept of Vishada and summarises evidence for herbal and Panchakarma interventions in depression.

METHODS:

Classical sources included Charaka Samhita (Sutra Sthana 25, Vimana Sthana 6 and Chikitsa Sthana 9)[5]. Literature was searched in PubMed, Google Scholar, DOAJ and Ayurveda journals using Vishada, depression, Ayurveda, Panchakarma, Virechana, Shirodhara, Medhya, Ashwagandha, Withania, Brahmi, Bacopa, saffron, Crocus sativus, curcumin, turmeric and yoga. Randomised controlled trials and meta-analyses were prioritised. Representative preclinical studies were included to indicate mechanisms. This is a narrative review; a PRISMA-compliant systematic review with risk-of-bias assessment is recommended as a next step.

AYURVEDIC UNDERSTANDING OF VISHADA:

Terminology and classical references

The word Vishada means despondency, dejection or loss of spirit. Charaka lists it as the foremost aggravating factor of disease[5]. Related states include Shoka (grief), Chinta (worry), Dainya (helplessness) and Avasada (exhaustion of mind). Many features of depression are also described under Kaphaja Unmada, which includes reduced speech and activity, reduced appetite, desire for solitude, excessive sleep, and lack of interest in cleanliness[5].

Aetiology

Causes described or inferred from classical texts include grief, loss, failure, chronic illness, prolonged worry, social isolation, excessive sleep and inactivity, heavy and Kapha-aggravating diet, and Prajnaparadha[5]. Constitutional vulnerability, especially Kapha-dominant Prakriti and Avara Sattva, is also considered important.

Pathogenesis

In Ayurvedic terms, Vishada results from predominance of Tamas, which brings heaviness, inertia and clouding of the mind, along with Rajas in agitated forms. Kapha (especially Tarpaka Kapha) and Vata are the main bodily Doshas involved. Agni is often weak, producing Ama, which further dulls the mind and body. The channels of the mind (Manovaha Srotas) are obstructed, and Ojas is depleted with chronic illness.

Clinical subtypes

Table 1: Ayurveda literature commonly describes three presentations according to Dosha:

Type	Main features	Modern correlate
Vataja	Low mood with anxiety, restlessness, insomnia, weight loss, fear	Depression with anxious distress
Pittaja	Low mood with irritability, anger, guilt, self-criticism	Depression with irritability or mixed features
Kaphaja	Heaviness, lethargy, excessive sleep, increased appetite, withdrawal	Depression with atypical features

Comparison with major depressive disorder

The core features of Vishada (persistent low mood, loss of interest and enthusiasm, fatigue, changes in sleep and appetite, social withdrawal, poor concentration and helplessness) correspond closely to the criteria for major depressive disorder. Ayurveda adds the dimensions of constitution, Agni and Ojas, which may help in individualising care.

Ayurvedic management principles

Management aims to reduce Tamas and Kapha, pacify Vata, restore Agni, clear the channels of the mind, rejuvenate Ojas and strengthen Sattva. It combines:

- Nidana Parivarjana: removing causes where possible, including isolation, inactivity and Kapha-aggravating diet.
- Shodhana (Panchakarma): Vamana or Virechana in suitable patients, followed by Nasya.
- Shamana: Medhya Rasayana herbs and formulations such as Brahmi Ghrita, Kalyanaka Ghrita, Saraswatarishta, Manasamitra Vataka and Vacha preparations.
- External therapies: Shirodhara, Abhyanga, Shiro Abhyanga and Takradhara.
- Sattvavajaya and Daivavyapashraya: counselling, encouragement, meditation, prayer and mantra.
- Lifestyle: regular routine, early waking, exercise and social engagement.

Evidence for herbal interventions

Saffron (Kumkuma, Crocus sativus)

Saffron is used in Ayurveda as a Varnya (complexion-promoting) and Rasayana drug, and it has the most consistent clinical evidence among herbal antidepressants. A meta-analysis of randomised clinical trials found that saffron supplementation significantly reduced depressive symptoms compared with placebo, and showed effects similar to those of antidepressant comparators in head-to-head trials [6]. Most trials were small, short and conducted in Iran, so replication in other populations

is needed.

Curcumin (from Haridra, Curcuma longa)

Turmeric is widely used in Ayurveda. A meta-analysis of randomised controlled trials found that curcumin reduced depressive symptoms compared with placebo[7]. In a randomised trial in major depression, curcumin and a curcumin–saffron combination were both more effective than placebo over 12 weeks[8]. Bioavailability of curcumin is low, and most trials used enhanced formulations.

Ashwagandha (Withania somnifera)

Ashwagandha is used in Ayurveda as a Rasayana and Balya drug. In rats, glycowithanolides from Withania somnifera showed anxiolytic and antidepressant effects comparable to standard drugs in several models[9]. Human evidence is stronger for stress and anxiety than for depression, but a systematic review of 41 human trials noted beneficial effects on stress-related symptoms and called for well-powered trials in clinical depression[10].

Brahmi (Bacopa monnieri)

A standardised Bacopa extract showed antidepressant activity in rat models of depression, comparable to imipramine in the forced swim and learned helplessness tests[11]. In a randomised trial in older adults, Bacopa reduced depression scores as a secondary outcome along with improvements in cognition[12]. No adequately powered trial in patients with major depressive disorder has been published.

Other herbs

Shankhapushpi, Jatamansi, Vacha, Jyotishmati and Mandukaparni are widely used in Ayurveda for mental disorders. Preclinical studies suggest effects on monoamines, oxidative stress and neuroinflammation, but controlled clinical trials in depression are scarce.

Evidence for Panchakarma interventions

Virechana and formulation-based treatment

The most rigorous published study of a Panchakarma-based approach to depression was conducted at a national mental health institute in India[13]. One hundred and four patients with major depression (Vishada) received a Virechana (therapeutic purgation) module, after which they were randomised to one of two versions of an Ayurvedic formulation (Ayushman-15A with Ashwagandha or Ayushman-15B without) for two months; some patients also received Shirodhara. Of these, 81 completed the study. Both groups improved significantly on the Hamilton Depression Rating Scale and the Montgomery–Åsberg Depression Rating Scale, with no significant difference between groups on these scales. Heart rate variability shifted toward greater parasympathetic activity in both groups. Serum cortisol fell significantly in the group that received Ashwagandha. Healthy controls had lower baseline cortisol and better heart rate variability than patients.

This study is important because it used standard psychiatric rating scales, objective physiological markers and an institutional psychiatric setting. However, it had no placebo or standard antidepressant arm, so the improvement cannot be attributed with certainty to the Ayurvedic treatment rather than to time, expectation or regression to the mean. The hormonal subsamples were small.

Shirodhara and other external therapies

Shirodhara is widely used for depression and anxiety in Ayurvedic practice. Evidence for its specific effect in depression is limited to small studies and case reports. Because Shirodhara involves a highly sensory, relaxing experience, appropriately controlled trials (for example, comparing medicated oil with plain oil, or Shirodhara with a matched relaxation procedure) are needed to separate specific from non-specific effects.

Nasya

Nasya with medicated ghee or oil is used to clear the head and stimulate the mind in Kaphaja presentations. It has not been evaluated in controlled trials in depression.

Evidence for yoga-based practices

Yoga is closely associated with Ayurveda and often prescribed together with it. A meta-analysis of randomised controlled trials found moderate evidence that yoga reduced depression severity compared with usual care, and limited evidence compared with relaxation and aerobic exercise[14]. In an early trial in patients with melancholic depression, Sudarshan Kriya Yoga, a rhythmic breathing technique, produced response rates comparable to imipramine, although lower than electroconvulsive therapy, over four weeks[15].

Possible mechanisms of action

Modern research suggests several mechanisms by which Ayurvedic interventions might act in depression. These are offered as hypotheses linking the two frameworks.

Stress hormone regulation. Depression is often associated with overactivity of the hypothalamic–pituitary–adrenal axis. In the Ayushman-15 study, patients had higher baseline cortisol than healthy controls, and cortisol fell significantly in the group whose formulation contained Ashwagandha[13]. This is consistent with the classical description of Ashwagandha as a Balya and Rasayana drug that restores strength under stress.

Autonomic balance. The same study found that patients had higher sympathetic and lower parasympathetic activity than controls, and that treatment shifted heart rate variability toward parasympathetic dominance[13]. In Ayurvedic terms, this shift resembles the pacification of aggravated Vata, which governs movement and nervous activity.

Monoamines and neuroplasticity. Animal studies of Withania and Bacopa suggest effects on brain monoamines and on behaviour in standard models of depression[9,11]. Saffron constituents (crocin and safranal) and curcumin have been proposed to act on serotonergic signalling, oxidative stress and neurotrophic factors, although human mechanistic evidence remains limited[6,7].

Inflammation and digestion. Curcumin has well-known anti-inflammatory properties, and inflammation is implicated in a subgroup of patients with depression. The Ayurvedic emphasis on correcting Agni and clearing Ama before Rasayana therapy can be viewed as an attempt to reduce a systemic burden that modern science might describe in terms of inflammation and gut–brain signalling.

Behavioural activation. Kaphaja Vishada is treated with stimulating measures: early waking, exercise, light and dry food, and active engagement. These correspond closely to behavioural activation, an evidence-based psychological treatment for depression that schedules rewarding and purposeful activities to counter withdrawal and inertia.

Diet, routine and Sattvavajaya in Vishada

Ayurvedic management gives as much weight to diet and routine as to medicines. For Kapha-dominant depression, patients are advised to avoid heavy, oily, cold and sweet foods, daytime sleep and overeating, and to wake early, exercise daily and keep a structured day. For Vata-dominant depression with anxiety and insomnia, warm, regular and nourishing meals, oil massage and an early bedtime are emphasised.

Sattvavajaya is central. It aims to restore the patient's understanding of their situation (Jnana and Vijnana), courage to face difficulty (Dhairya), recollection of strengths and past successes (Smriti) and the ability to focus (Samadhi). Practitioners use counselling, encouragement, replacement of negative thoughts with positive ones (Pratidvandva Bhavana), and assurance. These techniques overlap with cognitive therapy and supportive psychotherapy, and could be structured into a manualised intervention for testing.

Daivavyapashraya measures, such as prayer, mantra and rituals, are also prescribed. For patients who hold relevant beliefs, these can provide meaning, hope and social connection. They should be offered respectfully and never as a substitute for necessary medical care.

Recognising risk

All practitioners treating depression must assess suicide risk. Ayurveda texts describe severe states of Unmada in which a patient may harm themselves, and modern practice requires that any patient expressing hopelessness, wishes to die or plans of self-harm be assessed urgently and referred to psychiatric services. Ayurveda clinics should have clear referral pathways and should ask about suicidal thoughts at intake and follow-up, using simple screening questions such as item 9 of the PHQ-9. Treatment of severe depression, depression with psychotic features and bipolar depression should be led by a psychiatrist, with Ayurvedic care offered only as an adjunct.

Table 2: Summary of evidence

Intervention	Evidence type	Main finding	Certainty (authors' judgement)
Saffron	Meta-analysis of RCTs[6]	Reduced depressive symptoms vs placebo	Moderate
Curcumin	Meta-analysis; RCT[7,8]	Reduced depressive symptoms vs placebo	Moderate
Ashwagandha	Animal studies; review of human trials[9,10]	Antidepressant-like effects; human data mainly on stress	Low
Brahmi	Animal study; RCT in elderly[11,12]	Antidepressant-like effects;	Low
Virechana + formulation	Randomised two-arm study without placebo[13]	Improved depression scores, HRV, cortisol	Low
Shirodhara	Small studies	Reported improvement	Very low
Yoga	Meta-analysis of RCTs[14]	Reduced depression severity	Moderate
Sudarshan Kriya Yoga	RCT[15]	Response similar to imipramine	Low to moderate

DISCUSSION:

Ayurveda's description of Vishada matches modern depression well, and its treatment framework is comprehensive, addressing diet, digestion, routine, psychological support and medicines. Its emphasis on individualisation by Dosha resembles efforts in psychiatry to identify depression subtypes that respond differently to treatment.

The clinical evidence, however, is uneven. The strongest evidence concerns saffron and curcumin, both of which are used in Ayurveda but are also studied outside it. Evidence for classical Ayurvedic polyherbal formulations and Panchakarma procedures is limited. The Ayushman-15 study is a valuable model of how to combine Ayurvedic treatment with psychiatric assessment and physiological measurement, but future trials need a control condition.

Common weaknesses in Ayurveda depression research include small samples, lack of placebo or active controls, use of non-standard outcome measures, short follow-up and poor reporting. Standard outcomes such as the Hamilton Depression Rating Scale should be used[16]. Trials should be registered in advance and reported according to CONSORT.

Safety deserves attention. Patients with moderate to severe depression, suicidal ideation or psychotic features need psychiatric care. Ayurvedic treatment can be offered as an adjunct, with clear communication between practitioners. Panchakarma procedures such as Vamana and Virechana cause fluid loss and fatigue and are not suitable for frail, elderly or severely ill patients. Herb–drug interactions with antidepressants should be considered.

Priorities for future research include: a PRISMA-compliant

systematic review of Ayurvedic interventions for depression; randomised trials of standardised Ayurvedic formulations as add-on to antidepressants; sham-controlled trials of Shirodhara; trials of Panchakarma with an appropriate control condition; and studies examining whether Dosha-based subtypes predict treatment response.

CONCLUSION:

Vishada in Ayurveda corresponds closely to depressive disorder and is managed through a broad, individualised approach. Saffron, curcumin and yoga have the most consistent supporting evidence. Ashwagandha and Brahmi show promise, and a Virechana-based Ayurvedic programme has shown encouraging results in a randomised but uncontrolled study. Well-designed controlled trials are needed before strong recommendations can be made for classical formulations and Panchakarma in depression.

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