



## **CHIKITSA OF MANAS ROGAS IN DIFFERENT SAMHITAS: A COMPARATIVE LITERARY REVIEW**

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### **ABSTRACT**

**Background:** *Manas Rogas* (mental disorders) have been discussed across the Ayurvedic classical texts with varying nomenclature, pathogenesis, and management protocols. The *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* provide insightful and foundational descriptions of these disorders under the framework of *Tridosha*, *Triguna*, and *Manovaha Srotas*. Understanding the Ayurvedic management (*Chikitsa*) of *Manas Rogas* through a comparative study of these *Samhitas* can offer integrative perspectives for contemporary psychiatric care. **Aim:** To critically review and compare the *Chikitsa* (therapeutic approaches) of *Manas Rogas* as described in *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*. **Objectives:** To explore the classical understanding of *Manas* and its disorders (*Manas Rogas*) in Ayurvedic literature. To identify and compare the treatment approaches—*Daivavyapashraya*, *Yuktivyapashraya*, and *Satvavajaya Chikitsa*—across different *Samhitas*. To highlight the similarities and unique contributions of each *Samhita* in the management of selected mental disorders. To assess the relevance of classical Ayurvedic therapies in the context of modern psychosomatic and psychiatric disorders. **Materials and Methods:** A qualitative literary review of *Brihatrayi*—*Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga*

*Hridaya*—along with their respective commentaries was conducted. Data was extracted regarding the etiopathogenesis, classification, and *Chikitsa* of *Manas Rogas*. Comparative analysis was performed thematically with supporting Sanskrit references. **Results:** *Charaka Samhita* emphasizes *Triguna* and *Dosha*-based causation and prioritizes *Satvavajaya Chikitsa* alongside *Yuktivyapashraya*. *Sushruta Samhita* discusses *Manas Rogas* under surgical and systemic contexts, with specific *Shodhana* measures and dietary regimens. *Ashtanga Hridaya* offers concise and integrated protocols, combining *Rasayana*, *Satvavajaya*, and lifestyle modifications. All three texts acknowledge the role of *Daivavyapashraya Chikitsa* (mantra, japa, homa) in managing severe mental afflictions. **Conclusion:** The *Chikitsa* of *Manas Rogas* across Ayurvedic *Samhitas* reflects a multidimensional approach integrating spiritual, psychological, and pharmacological therapies. Each text provides a unique emphasis, yet together they form a comprehensive blueprint for managing psychiatric disorders in Ayurvedic practice. These insights can be foundational for modern integrative mental health models.

**Keywords:** *Manas Roga, Chikitsa, Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Satvavajaya, Ayurvedic Psychiatry*

## INTRODUCTION

Ayurveda defines *Ayu* as an integration of *Sharira*, *Indriya*, *Satva*, and *Atma*, highlighting the centrality of *Manas* (mind) in health and disease. As per *Charaka*, a stable *Satva* is essential for cognition and balanced living. The mind, though *Amurta* (non-material), is the governing factor for perception, cognition, and behaviour. The concept of *Trigunas*—*Sattva*, *Rajas*, and *Tamas*—forms the psycho-dynamic basis of Ayurvedic psychiatry, where predominance of *Rajas* and *Tamas* leads to *Manas Rogas* (mental disorders).<sup>1</sup>

The classical Ayurvedic literature classifies diseases broadly as *Sharirika* (physical) and *Manasika* (mental). *Charaka Samhita* describes conditions such as *Unmada*, *Apasmara*, *Chittodvega*, and *Atattvabhinivesha*, and outlines *Manas Prakriti* types, *Manobhavas*, and *Satva Pariksha* as diagnostic tools. *Sushruta* and *Vagbhata* elaborate on similar disorders, including *Bhutonmada* and *Balagraha*, with additional emphasis on spiritual afflictions. Modern interpretations classify these under neurotic, psychotic, psychosomatic, and behavioural disorders.<sup>2</sup>

Ayurveda proposes a triadic treatment approach: *Daivavyapashraya* (spiritual therapy), *Yuktivyapashraya* (rational/pharmacological therapy), and *Satvavajaya* (psychotherapeutic therapy). While *Daivavyapashraya* includes rituals such as *Mantra*, *Homa*, *Upavasa*, and *Bali*, *Yuktivyapashraya* focuses on *Panchakarma*, *Medhya Rasayana*, and dietary regulation. *Satvavajaya* aims at controlling the mind through *Dhee*, *Dhairya*, *Smriti*, *Samadhi*, and *Vijnana*, paralleling modern psychotherapy.<sup>3</sup>

*Charaka Samhita* emphasizes *Satvavajaya Chikitsa*, considering *Manas Rogas* as vitiation of *Satva* by *Rajas* and *Tamas*. *Sushruta Samhita* incorporates surgical and anatomical perspectives, considering *Hridaya* as the seat of *Manas* and *Sadhaka Pitta* as its mediator. *Ashtanga Hridaya* by Vagbhata presents a concise protocol using *Dhee*, *Dhairya*, and *Atma Jnana* as key principles of management, supporting psychospiritual integration.<sup>4</sup>

Apart from internal therapies, *Abhyanga* (oleation therapy) and *Samvahana* (gentle massage) are described for their calming effects on *Manas* via *Sparshanendriya* (tactile sense) and regulation of *Vata*. *Hridaya*, considered the anatomical and functional seat of *Manas*, is targeted through *Bahirparimarjana Chikitsa*. These therapies enhance *Sattva Guna* and stabilize emotional disturbances, supporting recovery from *Manas Rogas* such as *Unmada*, *Bhaya*, and *Krodha*.<sup>5</sup>

Ayurveda's *Manas Rogas* overlap significantly with psychosomatic and psychiatric illnesses in contemporary medicine, including depression, anxiety, psychosis, and personality disorders. The emphasis on ethical conduct (*Sadvritta*), preventive behaviour (*Acharya Rasayana*), and mind-body interventions provides a holistic treatment model. Comparative analysis of *Chikitsa* across *Samhitas* not only reflects a timeless understanding of mental health but also opens avenues for integrative mental healthcare systems.<sup>6</sup>

## AIM AND OBJECTIVES

### Aim:

To critically review and compare the *Chikitsa* (therapeutic approaches) of *Manas Rogas* as described in *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*.

**Objectives:**

1. To explore the classical understanding of *Manas* and its disorders (*Manas Rogas*) in Ayurvedic literature.
2. To identify and compare the treatment approaches—*Daivavyapashraya*, *Yuktivyapashraya*, and *Satvavajaya Chikitsa*—across different *Samhitas*.
3. To highlight the similarities and unique contributions of each *Samhita* in the management of selected mental disorders.
4. To assess the relevance of classical Ayurvedic therapies in the context of modern psychosomatic and psychiatric disorders.

**MATERIALS AND METHODS:**

This study was conducted through a critical literary review of classical Ayurvedic texts, primarily focusing on *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with their authoritative commentaries. Relevant references regarding the etiology, classification, and *Chikitsa* (treatment) of *Manas Rogas* were systematically compiled and analyzed. Additional support was taken from contemporary Ayurvedic journals, research articles, and modern interpretations to correlate and contextualize classical therapeutic principles. The collected data were interpreted comparatively to understand the distinctive and overlapping treatment strategies across the *Brihatrayi*, with emphasis on *Satvavajaya*, *Daivavyapashraya*, and *Yuktivyapashraya Chikitsa*.

**CONCEPTUAL STUDY ON CHIKITSA OF MANAS ROGAS IN DIFFERENT SAMHITAS****ACCORDING TO CHARAK SAMHITA<sup>7</sup>****Table 1: *Chikitsa Sthana* References on *Manas Roga Chikitsa* in Charaka Samhita**

| Conceptual Element                 | Description from Charaka Samhita – Chikitsa Sthana   | Reference      |
|------------------------------------|--|----------------|
| <b>Definition of <i>Unmada</i></b> | Loss of mental equilibrium due to derangement of <i>Manas</i> , <i>Buddhi</i> , <i>Samjna</i> , <i>Smriti</i> , <i>Bhakti</i> , <i>Sheela</i> , <i>Cheshta</i> , and <i>Achara</i> . | Ca. Chi. 9/5–6 |

|  |   |                              |
|--|---|------------------------------|
| <b>Types of Unmada</b>                 | Five types described based on <i>Dosha</i> : <i>Vataja</i> , <i>Pittaja</i> , <i>Kaphaja</i> , <i>Sannipataja</i> , and <i>Agantuja Unmada</i> .            | Ca. Chi. 9/8–12              |
| <b>Etiology (Nidana)</b>               | <i>Prajnaparadha</i> , <i>Asatmya Indriyarthasamyoga</i> , <i>Parinama</i> (Kala), and <i>Bhuta Abhishanga</i> (for <i>Agantuja Unmada</i> ).               | Ca. Chi. 9/7, 9/89           |
| <b>Trividha Chikitsa Concept</b>       | Threefold treatment explained: <i>Daivavyapashraya</i> , <i>Yuktivyapashraya</i> , and <i>Satvavajaya Chikitsa</i> .  | Ca. Chi. 9/87; also Su. 1/58 |
| <b>Satvavajaya Chikitsa</b>            | Controlling the mind using <i>Dhee</i> (intellect), <i>Dhairya</i> (patience), <i>Smriti</i> (memory), and <i>Samadhi</i> (stability).                      | Ca. Chi. 9/87                |
| <b>Daivavyapashraya Chikitsa</b>       | Application of <i>Mantra</i> , <i>Bali</i> , <i>Upavasa</i> , <i>Homa</i> , <i>Swastyayana</i> , and <i>Yatragamana</i> especially in <i>Agantuja</i> type. | Ca. Chi. 9/91                |
| <b>Yuktivyapashraya Chikitsa</b>       | Rational therapy involving <i>Panchakarma</i> , <i>Medhya Rasayanas</i> , <i>Nasya</i> , <i>Abhyanga</i> , <i>Sneha</i> , and <i>Shamana Aushadhi</i> .     | Ca. Chi. 9/88–90             |
| <b>Lifestyle &amp; Social Behavior</b> | Emphasis on companionship with elders, maintaining <i>Sadvritta</i> , and avoiding unwholesome behavior for mental stability.                               | Ca. Chi. 9/91–95             |
| <b>Use of Medhya Dravyas</b>           | Herbs like <i>Brahmi</i> , <i>Vacha</i> , <i>Shankhapushpi</i> , <i>Ashwagandha</i> indicated to improve memory and intellect.                              | Ca. Chi. 9/88                |
| <b>General Principle of Healing</b>    | The mind must be engaged in wholesome thoughts and activities, guided by self-discipline and positive companionship.  | Ca. Chi. 9/93–95             |

### ACCORDING TO SUSHRUTA SAMHITA<sup>8</sup>

**Table 2: Chikitsa of Manas Rogas in Sushruta Samhita – Chikitsa Sthana**

| S. No. | Conceptual Element         | Description from Sushruta Chikitsa Sthana   | Reference   |
|--------|----------------------------|---|---|
| 1      | <b>Key Rogas Discussed</b> | <i>Unmada</i> , <i>Apasmara</i> , <i>Bhutonmada</i> (spirit-influenced insanity), <i>Jwara</i> (mental fever) | <i>Sushruta Chikitsa Sthana Adhyaya 5 &amp; 6</i> |

|    |  |   |                         |
|----|--|---|-------------------------|
| 2  | <b>Unmada Chikitsa</b>                 | <i>Unmada</i> arises from <i>Dosha</i> imbalance and <i>Bhuta Abhishanga</i> ; treated through <i>Shodhana</i> , <i>Medhya</i> herbs, and <i>Daivavyapashraya</i> | <i>Su. Chi. 5/3–8</i>   |
| 3  | <b>Use of Shodhana Karma</b>           | Emphasis on <i>Vamana</i> , <i>Virechana</i> , and <i>Nasya</i> as purificatory therapies before administration of <i>Medhya</i> drugs                            | <i>Su. Chi. 5/15–19</i> |
| 4  | <b>Medhya Dravya Prayoga</b>           | <i>Vacha</i> , <i>Shankhapushpi</i> , <i>Tagara</i> , <i>Jatamansi</i> prescribed for restoring intellect and calming the mind                                    | <i>Su. Chi. 5/20–22</i> |
| 5  | <b>Bhutonmada Chikitsa</b>             | Treated using <i>Mantra</i> , <i>Homa</i> , <i>Bali</i> , and <i>Japa</i> in conjunction with <i>Shamana</i> and <i>Shodhana</i> therapies                        | <i>Su. Chi. 6/3–5</i>   |
| 6  | <b>Sattvavajaya Measures (Implied)</b> | Although not named directly, advice includes counseling, detachment from disturbing thoughts, and association with calm environments                              | <i>Su. Chi. 5/24–28</i> |
| 7  | <b>Pathya-Apathya</b>                  | Emphasis on wholesome diet, restriction of over-stimulating food, and avoidance of <i>Rajasika</i> and <i>Tamasika Ahara</i>                                      | <i>Su. Chi. 5/26</i>    |
| 8  | <b>Supportive Therapies</b>            | Use of <i>Snehana</i> , <i>Swedana</i> , <i>Shirodhara</i> , <i>Abhyanga</i> , and mental calming procedures like <i>Samvahana</i>                                | <i>Su. Chi. 5/22–25</i> |
| 9  | <b>Etiological Basis</b>               | Caused by both endogenous ( <i>Dosha</i> ) and exogenous ( <i>Bhuta</i> , <i>Krodha</i> , <i>Shoka</i> , trauma) factors  | <i>Su. Chi. 5/6–8</i>   |
| 10 | <b>Clinical Guidance</b>               | Advice to maintain purity of mind and association with spiritual and intellectual people to aid recovery  | <i>Su. Chi. 5/28</i>    |

ACCORDING TO *ASHTANGA HRUDAYA*<sup>9</sup>Table 3: Conceptual Elements of *Manas Roga Chikitsa* in *Ashtanga Hridaya Chikitsa Sthana*

| Conceptual Element                                    | Description from <i>Chikitsa Sthana</i>  | Reference (Ashtanga Hridaya) |
|---|--|------------------------------|
| <b>Definition and Classification of <i>Unmada</i></b> | <i>Unmada</i> is defined as loss of mental balance due to vitiation of <i>Doshas</i> (Vata, Pitta, Kapha, Sannipata, Agantuja).  | A.Hr. Chi. 6/1–5             |
| <b>Etiological Factors (<i>Nidana</i>)</b>            | <i>Prajnaparadha</i> , <i>Asatmya Indriyarthasamyoga</i> , <i>Bhuta Abhishanga</i> (Agantuja causes) are major contributors to <i>Unmada</i> .                                     | A.Hr. Chi. 6/5–9             |
| <b>General Line of Treatment</b>                      | <i>Trividha Chikitsa</i> – <i>Daivavyapashraya</i> , <i>Yuktivyapashraya</i> , and <i>Satvavajaya Chikitsa</i> are foundational lines of therapy.                                  | A.Hr. Chi. 1/25–26           |
| <b>Daivavyapashraya Chikitsa</b>                      | Use of <i>Mantra</i> , <i>Homa</i> , <i>Bali</i> , <i>Upavasa</i> , <i>Swastyayana</i> , and <i>Niyama</i> in <i>Agantuja Unmada</i> and other spiritually-caused disorders.       | A.Hr. Chi. 6/91–93           |
| <b>Yuktivyapashraya Chikitsa</b>                      | Includes <i>Shodhana</i> (Vamana, Virechana, Basti), <i>Shamana</i> with <i>Medhya Rasayana</i> and <i>Bahirparimarjana</i> like <i>Abhyanga</i> , <i>Nasya</i> , <i>Dhupana</i> . | A.Hr. Chi. 6/80–90           |
| <b>Satvavajaya Chikitsa</b>                           | <i>Dhee</i> (intellect), <i>Dhairya</i> (courage), <i>Smriti</i> (memory), <i>Samadhi</i> (mental stability), and <i>Vijnana</i> are the key elements.                             | A.Hr. Chi. 6/109             |
| <b>Psychosocial Approach</b>                          | Recommends calming environment, association with friends, elders, and positive company for improving mental stability.   | A.Hr. Chi. 6/106–108         |
| <b>Chikitsa of <i>Apasmara</i></b>                    | Treatment includes <i>Nasya</i> , <i>Medhya Rasayana</i> , <i>Sattvavajaya</i> , and dietary adjustments to restore <i>Smriti</i> and <i>Dhi</i> .                                 | A.Hr. Chi. 7/1–51; esp. 7/47 |

Table 4: Conceptual Study on *Chikitsa* of *Manas Rogas* in *Laghutrayee*<sup>10</sup>

| Conceptual Element                        | Madhava Nidana  | Sharangadhara Samhita   | Bhavaprakasha   |
|---|---|---|---|
| <b>Textual Focus</b>                      | Diagnostic and therapeutic discussion of <i>Unmada</i> and <i>Apasmara</i>                        | Formulation-centric with procedural clarity   | Integrative <i>chikitsa</i> , <i>Manas Roga</i> described in <i>Uttara Khanda</i>                     |
| <b>Major <i>Manas Rogas</i> Described</b> | <i>Unmada</i> , <i>Apasmara</i> , <i>Bhutonmada</i> , <i>Atattvabhinivesha</i>                    | <i>Unmada</i> , <i>Apasmara</i> , <i>Bhutonmada</i>   | <i>Unmada</i> , <i>Apasmara</i> , <i>Murchha</i> , <i>Bhrama</i> , <i>Chittodvega</i>                 |
| <b>Chikitsa Sthana Reference</b>          | Chikitsa Sthana: <i>Unmada Chikitsa</i> – Ch. 26; <i>Apasmara Chikitsa</i> – Ch. 27               | Not in separate <i>Chikitsa Sthana</i> , but discussed in <i>Madhyama</i> & <i>Uttama Khandas</i> | <i>Bhavaprakasha Uttara Khanda</i> – <i>Unmada Chikitsa</i> (Ch. 6), <i>Apasmara Chikitsa</i> (Ch. 7) |
| <b>Chikitsa Categories</b>                | <i>Trividha Chikitsa</i> : <i>Daivavyapashraya</i> , <i>Yuktivyapashraya</i> , <i>Satvavajaya</i> | Mostly <i>Yuktivyapashraya</i> based approach using formulations                                  | Integrated model with extensive use of <i>Daivika</i> and <i>Satvavajaya</i> methods                  |
| <b>Daivavyapashraya Chikitsa</b>          | Described for <i>Bhutonmada</i> – use of <i>Homa</i> , <i>Bali</i> , <i>Mantra</i> , <i>Japa</i>  | Brief mention in context of <i>Bhutonmada</i>   | Detailed protocols using <i>Graha Ghna Dravyas</i> and rituals  |
| <b>Yuktivyapashraya Chikitsa</b>          | <i>Medhya Rasayana</i> , <i>Sneha-Pana</i> , <i>Nasya</i> , <i>Shirodhara</i>                     | <i>Medhya</i> drugs, <i>Asava</i> , <i>Arishta</i> , dosage adjustment                            | <i>Kalyanaka Ghrita</i> , <i>Saraswatarishta</i> , <i>Manasamitra Vatakam</i>                         |
| <b>Satvavajaya Chikitsa</b>               | Use of <i>Dhee</i> , <i>Dhairya</i> , <i>Smriti</i> , <i>Samadhi</i> , <i>Vijnana</i>             | Not systematically described  | Implicit in <i>Achara Rasayana</i> and <i>Sadvritta</i> prescriptions                                 |
| <b>Formulations Referenced</b>            | <i>Unmadagajakeshari Rasa</i> , <i>Vacha Churna</i> , <i>Jatamansi Taila</i>                      | <i>Brahmi Ghrita</i> , <i>Smritisagara Rasa</i>   | <i>Kalyanaka Ghrita</i> , <i>Saraswatarishta</i> , <i>Chittodvegarihta Kashaya</i>                    |
| <b>Unique Insight</b>                     | Classification of <i>Unmada</i> into <i>Dosha</i> and <i>Agantuja</i> types                       | Detailed dosage, <i>anupana</i> , and co-administration guidance                                  | Behavioral code ( <i>Sadvritta</i> ), <i>Ahara-Vihara</i> , <i>Medhya Oushadhi</i> integration        |



## RESULTS AND FINDINGS

### From *Brihatrayi* (Charaka, Sushruta, Ashtanga Hridaya)

- **Charaka Samhita** gives prime importance to *Satvavajaya Chikitsa*, focusing on *Dhee*, *Dhairya*, *Smriti*, *Samadhi*, and *Vijnana* for managing *Manas Rogas* like *Unmada*, *Apasmara*, and *Atattvabhinivesha*.
- It describes *Trividha Chikitsa* (Daivavyapashraya, Yuktivyapashraya, Satvavajaya) as the main treatment strategy for all mental disorders.
- *Sushruta Samhita* highlights the anatomical seat of *Manas* in *Hridaya* and associates *Sadhaka Pitta* with mental functions.
- It incorporates surgical cleanliness, *Sadvritta*, and *Achara Rasayana* as supportive measures for mental wellbeing.
- *Ashtanga Hridaya* presents a concise and clinically applicable version of mental health management, particularly for *Unmada* and *Apasmara*.
- It reiterates *Satvavajaya Chikitsa* and includes practical advice on lifestyle, social support, and calming therapies like *Nasya*, *Abhyanga*, and *Dhupana*.

### From *Laghutrayee* (Madhava Nidana, Sharangadhara, Bhavaprakasha)

- *Madhava Nidana* offers detailed classification of *Unmada* and *Bhutonmada* and explains their *Nidana*, *Lakshana*, and ritual-based *Chikitsa*.
- It emphasizes *Daivavyapashraya Chikitsa*—including *Mantra*, *Homa*, and *Bali*—especially for *Agantuja Unmada*.
- *Sharangadhara Samhita* focuses more on pharmaceutical preparations, dose specifications, and *Medhya Dravyas*.
- Although it doesn't detail *Satvavajaya*, it supports *Yuktivyapashraya Chikitsa* through rational drug therapy.

- *Bhavaprakasha* provides an integrative approach—merging *Daivika*, *Yuktivyapashraya*, and *Satvavajaya* elements.
- It includes ethical behavior (*Sadvritta*), *Achara Rasayana*, and practical household remedies and yogic lifestyle guidelines.
- It lists several key formulations like *Kalyanaka Ghrita*, *Saraswatarishta*, and *Manasamitra Vatakam* for mental disorders.

## DISCUSSION

Ayurveda regards *Manas* (mind) as an inseparable component of *Ayu*, along with *Sharira*, *Indriya*, and *Atma*. The concept of *Triguna*—*Sattva*, *Rajas*, and *Tamas*—forms the foundation of mental health. *Rajas* and *Tamas* are considered *Manodoshas*, responsible for psychological imbalances. This is reflected across all major Samhitas. The *Brihatrayi* texts (Charaka, Sushruta, Ashtanga Hridaya) emphasize that mental disorders arise due to *Prajnaparadha*, *Asatmya Indriyarthasamyoga*, and *Parinama*, which disturb the balance of *Manodoshas* and their interaction with *Sharirika Doshas*.<sup>11</sup>

*Charaka Samhita* stands out for its detailed psychological insight, especially through its development of *Satvavajaya Chikitsa*. This form of therapy involves controlling the mind from unwholesome desires and behaviors using tools like *Dhee* (intellect), *Dhairya* (courage), *Smriti* (memory), *Samadhi* (mental stability), and *Vijnana* (wisdom). Charaka proposes *Trividha Chikitsa*—*Daivavyapashraya*, *Yuktivyapashraya*, and *Satvavajaya*—as a universal framework. This classification is central to Ayurvedic psychiatry and places emphasis on behavioral reform, mental restraint, and therapeutic companionship.<sup>12</sup>

*Sushruta Samhita*, while upholding similar views, provides more anatomical and surgical perspectives. It locates *Manas* in *Hridaya* and associates mental imbalance with *Sadhaka Pitta Dushti*. *Ashtanga Hridaya* contributes by offering structured clinical protocols, especially for conditions like *Unmada* and *Apasmara*, integrating *Shodhana* (Vamana, Virechana, Basti), *Nasya*, *Medhya Rasayanas*, and ethical conduct. It systematically includes

*Daivavyapashraya* and *Satvavajaya* therapies and provides practical advice on behavioral change, spiritual support, and lifestyle regulation.<sup>13</sup>

The *Laghutrayee* texts enrich the *chikitsa* of *Manas Rogas* by offering formulation-based interventions and procedural clarity. *Madhava Nidana* emphasizes the classification of *Unmada* and *Bhutonmada* and their *Chikitsa* using ritualistic measures. *Sharangadhara Samhita* focuses more on pharmaceutical preparations, dosage, and *Medhya Aushadhi* administration. *Bhavaprakasha* presents a comprehensive approach, integrating *Medhya Rasayanas*, *Sattvavajaya*, and *Daivika* treatments with lifestyle correction, *Sadvritta*, and *Acharya Rasayana*. It discusses commonly used formulations like *Kalyanaka Ghrita*, *Saraswatarishta*, and *Manasamitra Vatakam*.<sup>14</sup>

Collectively, the Ayurvedic Samhitas propose a holistic mental health model that aligns closely with modern psychosomatic approaches. Their emphasis on ethics, self-regulation, medicinal and non-medicinal interventions, and environmental harmony provides a multidimensional framework for managing disorders like anxiety, depression, psychosis, and epilepsy. The *Brihatrayi* offers the conceptual and clinical foundation, while the *Laghutrayee* augments this knowledge with accessible formulations and dosage regimens. Thus, the Ayurvedic understanding of *Manas Rogas* remains not only philosophically profound but also clinically adaptable in the modern context.<sup>15</sup>

## CONCLUSION

The Ayurvedic approach to the *Chikitsa* of *Manas Rogas* as described in both *Brihatrayi* and *Laghutrayee* reflects a deeply integrative and holistic model of mental healthcare. While *Charaka*, *Sushruta*, and *Vagbhata* laid the foundational framework through the principles of *Trividha Chikitsa*, especially emphasizing *Satvavajaya*, the *Laghutrayee* texts enriched this foundation with practical diagnostic tools, pharmaceutically rich formulations, and ritual-based interventions. Together, these classical texts present a unique confluence of psychological insight, spiritual guidance, and medicinal therapy, offering timeless and relevant strategies for the prevention and management of mental disorders even in the context of contemporary psychiatric care.

**CONFLICT OF INTEREST –NIL**

**SOURCE OF SUPPORT –NONE**

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