

## MANASA ROGA – ROLE OF AYURVEDA WITH A COMPREHENSIVE GAP ANALYSIS

**Bhanu Priya**

Ayurvedic Medical officer, Department of Ayurveda, Punjab

Corresponding Author: [bhanu607@gmail.com](mailto:bhanu607@gmail.com)

<https://doi.org/10.46607/iamj2413032025>

(Published Online: March 2025)

### Open Access

© International Ayurvedic Medical Journal, India 2025

Article Received: 06/02/2025 - Peer Reviewed: 27/02/2025 - Accepted for Publication: 08/03/2025.



### ABSTRACT

In the United Nations and WHO's aim of sustainable development Goal, *Ayurveda* has a huge role, especially in psycho-somatic disorders. In its comprehensive action plan for mental health (2013-2030), WHO aims to integrate mental health into primary health care; here, *Ayurveda* can play an integral role as we have a strong presence at the primary level. The basic principles of *Ayurvedic* management involve *Prakruti parikshana*, which involves *Sharirika* (physical) and *Manasika* (mental) examination in detail, thereby signifying the objective of *Rogi*-specific treatment and not *Roga* (symptomatic) treatment, which is a unique point in our favour. The idea that there is no health without mental health and that every individual should be dealt with differently is the soul of *Ayurveda*. In tune with these facts, the concepts of “*Satva*” and “*Prakruti*” have been elaborately explained in *Ayurvedic* texts. So, *Ayurveda* can play an integral role in providing mental health services by framing policies in line with national and international frameworks for practical and large-scale implementation and acceptability.

**Keywords:** *Satva*, *Prakruti*, WHO, Execution issues, Gap analysis

### INTRODUCTION

According to WHO data (2015), More than 50% of countries have only one psychiatrist per 100,000 people, and 40% of countries have less than one hospital

bed reserved for mental disorders per 10,000 people. Also, about one in eight people in the world live with a mental disorder. Mental disorders are the leading

cause of years lived with disability (YLDs), accounting for one in every six YLDs globally (years lived with disability). For the past decade, there has been an emphasis on prevention in the WHO's Mental Health Action Plan 2013–2030, with the objectives of providing comprehensive, integrated and responsive mental health and social care services in community-based settings and implementing strategies for promoting mental health and preventing mental illness (WHO 2013) were set envisioning access to affordable, high-quality mental health services based on rights. The Convention on the Rights of Persons with Disabilities is a crucial instrument in this regard, calling for a shift towards equality and non-discrimination, supported decision-making, free and informed consent, participation and community inclusion. Most countries are at the early stages of reform, and greater political will is needed. Among its many impacts, the COVID-19 pandemic has created a global crisis for mental health, fueling short- and long-term stresses. At the same time, mental health services have been severely disrupted, and the treatment gap for mental health conditions has widened. *Ayurveda* can contribute to filling this gap and can play a massive role in WHO target of shifting mental health care to primary health centre and promoting community-based setup. But this action needs to be taken to address decades of inattention to AYUSH treatment modalities as part of mental health services and systems.

### **METHODS**

Considering the requirements of the study's objectives, the research design employed for the study is descriptive. A comprehensive analysis and desk-based review of the UN, WHO, National, and Ayush agenda regarding mental health policies and obstacles faced in their effective execution were undertaken. The available secondary data, referred to from different news, articles, books, and websites, has been extensively used for the study.

### **ANALYSIS**

Mental health involves normal, healthy emotions, cognitive abilities and behaviour. Good mental

health means when one is able to connect, function, cope and thrive reasonably. Today, youth tend to suffer more from mental health issues as they view their problems as a normal part of their life and want to address their issues on their own (Eisenberg et al., 2012). Issues like anxiety and depression have increased due to a sedentary lifestyle, desk job trends, lack of patience and stress.

To tackle this, WHO member states adopted the comprehensive Mental Health Action Plan 2013–2030, which focuses on strengthening leadership and governance, community-based care, promotion and prevention, information systems and research, and social and economic inequalities. Still, the burden of mental illness is growing worldwide and has significant health, social, human rights and economic consequences despite improvements in treatment and access to care (World Health Organization 2019). Post-COVID-19 pandemic, a global crisis for mental health has further widened along with this economic downturn and social polarization, protracted conflicts and widespread humanitarian emergencies, violence and public health emergencies, growing climate crisis, and forced displacement, threatening the progress of these targets.

Effective implementation of the comprehensive Mental Health Action Plan will require actions by international, regional and national partners involving development agencies, regional development banks, sub-regional inter-governmental agencies and bilateral development aid agencies, Academic and research institutions for mental health, human rights and social determinants of health, civil society, service-users, family members, NGOs, rights and faith-based organizations. Agencies like the UN and WHO provide support to countries to improve mental health care services and provide a blueprint.

In India, the Mental Health Policy, the new Mental Health Bill, Judicial directives, National Human Rights Commission initiatives and advocacy are the right steps in this direction.

**Objective**

Table 1

Objective	Description
<b>More Effective Leadership and Governance</b>	<ul style="list-style-type: none"> <li>- Improve mental health services and inter-sectoral integration.</li> <li>- Develop and implement laws and policies that are compliant with international human rights instruments.</li> <li>- Establish clear accountability mechanisms for monitoring mental health policy implementation and leadership effectiveness.</li> </ul>
<b>Financial Assistance</b>	<ul style="list-style-type: none"> <li>- Increase investment in mental health services.</li> <li>- Enhance coverage for mental health services, ensuring financial protection to reduce inequalities.</li> <li>- Advocate for the inclusion of mental health care in universal health coverage.</li> </ul>
<b>Legal Support</b>	<ul style="list-style-type: none"> <li>- Implement and enforce supportive legislation and regulations in human rights, labor, and occupational health.</li> </ul>
	<ul style="list-style-type: none"> <li>- Ensure compliance with the rights of persons with disabilities (both mental and physical).</li> </ul>
<b>Strengthened Systems for Information, Evidence, and Research</b>	<ul style="list-style-type: none"> <li>- Improve information systems and research on mental health, focusing on evidence-based interventions.</li> <li>- Ensure research reflects and incorporates cultural considerations.</li> </ul>
<b>Community-Based Mental Health Care</b>	<ul style="list-style-type: none"> <li>- Restructure mental health services to prioritize community-based care, integrating mental and social health services.</li> <li>- Shift from psychiatric hospitals to accessible, acceptable, and human rights-based community mental health services.</li> <li>- Focus on a people-centered, recovery-oriented approach in community mental health care.</li> <li>- Intensify collaborative actions to integrate mental health into primary health care.</li> <li>- Strengthen the mental health workforce, ensuring both quantitative and qualitative improvements.</li> </ul>

Note: Author’s compilation

**Interventions**

**Table 2**

<b>Intervention Area</b>	<b>Details</b>
<b>Global and National Frameworks</b>	<ul style="list-style-type: none"> <li>- Critical for guiding action on mental health.</li> <li>- Advocacy, evidence, and political context influence commitment and leadership.</li> </ul>
<b>Multi-Sectoral Approach</b>	<ul style="list-style-type: none"> <li>- <b>Integration of Public Sectors:</b> Sensitize and train policymakers and professionals across various sectors (health, education, welfare, law, etc.) in India.</li> <li>- <b>Integration into General Health Services:</b> Involve task-sharing with non-specialist health workers to reduce treatment gaps enhance coverage for priority conditions.</li> <li>- <b>Training Mechanisms:</b> Build skills of doctors (modern/ traditional), health workers, ANMs, ASHAs, Anganwadi workers.</li> <li>- <b>Integration with National Surveys:</b> Include mental health screening in surveys like NCD Risk Factor Survey and National Family Health Survey. Integrate Ayurveda tools like “<i>Prakruti Parikshan</i>” and practices like yoga and meditation.</li> </ul>
<b>Responsible Media Campaigns</b>	<ul style="list-style-type: none"> <li>- Promote wellness, career growth, seeking help for mental health, human <u>rights</u> and awareness of policies.</li> <li>- Generate public interest and understanding, driven by community-based mental health care services.</li> </ul>
<b>Technology</b>	<ul style="list-style-type: none"> <li>- Digital tools for training health care workers in multiple sectors (education, welfare, law, etc.).</li> <li>- Provide remote care and enable self-help through evidence-based clinical decision support systems.</li> </ul>
<b>Life-Course Approach</b>	<ul style="list-style-type: none"> <li>- Policies and services should address health and social needs across all life stages (infancy, childhood, adolescence, adulthood, older age).</li> <li>- Implement cost-effective interventions such as school-based anti-bullying programs, social and emotional learning, and banning hazardous pesticides.</li> <li>- Clinical interventions outlined in WHO UHC Compendium.</li> </ul>
<b>Empowerment of Persons with Mental Disorders &amp; Support for Caregivers</b>	<ul style="list-style-type: none"> <li>- Persons with mental disorders should be involved in advocacy, policy, planning, legislation, service provision, and research.</li> <li>- Provide support for caregivers to prevent caregiver stress, including peer support services.</li> </ul>

Note: Author’s compilation

## **RESULTS**

Mental health systems all over the world are marked by significant gaps and imbalances in information and research, governance, resources and services. Moreover, other health conditions are often prioritized over mental health and within mental health budgets, community-based mental health care is consistently underfunded. Below are some active issues faced in providing mental health services:

- Low level of health literacy and associated stigma and discrimination are the factors due to which people do not seek mental health services
- Lack of collaborative action between various public and health care services. We need to integrate mental health into primary healthcare
- There are challenges in integration mechanisms and coordination between available healthcare options (*Ayurveda*, Yoga) and public awareness regarding the same
- Gaps in research and clinical practice of mental health need to be bridged by taking into consideration Indigenous factors and resources
- The relationship between mental health and *Ayurveda* has been underexplored, and future research must take up these issues in more rigorous and scientific manner. Investing in the mental health of youth will generate health and economic benefits today, for decades to come and for future generations (Patton et al., 2016; World Health Organization, 2008).

## **DISCUSSION**

Mental health exists on a complex continuum, with experiences ranging from an optimal state of well-being to general health issues to a debilitating state of suffering and emotional pain. Sometimes, mental health issues get misdiagnosed as general physical ailments. So, early diagnosis and effective and multiple treatment options in neuropsychiatric conditions are particularly important as many of them run a chronic disabling course, and timely intervention ensures disability limitation and rehabilitation. However, people often suffer from mental distress rather than seeking help due to poor quality of services, inaccessible or unaffordable, low mental health literacy and associated stigma and discrimination.

WHO (2019) observed that despite improvements in treatment and access to care, the burden of mental illness is growing worldwide with significant social, human rights and economic consequences. According to the WHO data, one in four people experience a mental disorder at some point in their lives. The global disability-adjusted life years attributed to mental disorders have increased from 3.1% in 1990 to 4.9% in 2019 (GBD 2019 Mental Disorders Collaborators 2022).

During the COVID-19 pandemic, mental health issues skyrocketed globally. People with existing mental health conditions and psychosocial disabilities experienced higher social isolation and disruptions in support systems. The pandemic highlighted inadequacies in community mental health services and peer support services.

## RISKS FOR MENTAL HEALTH

Figure 1

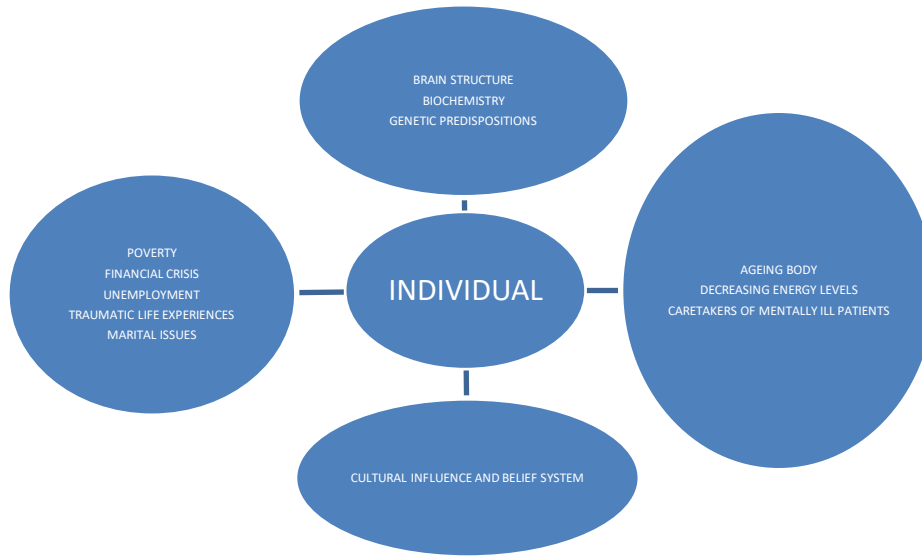
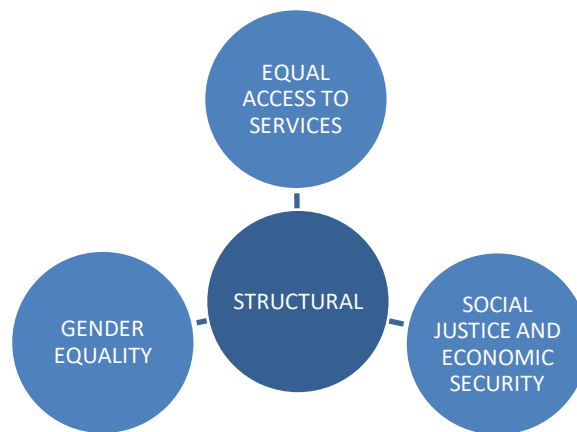


Figure 2



## FACTORS PROMOTING MENTAL HEALTH

Figure 3





Mental health systems all over the world are marked by major gaps and imbalances in terms of information, research, governance, resources and services as other health conditions are often prioritized over mental health and within mental health budgets, community-based mental health care is consistently underfunded. Mental health strategies and interventions must be person-centred, recovery-oriented and right-based, integrating mental health with the larger public health system.

While modern science has its take on treating mental disorders, *Ayurveda* texts provide valuable insights into the cause and treatment of mental issues.

**Table :3**

Sr.	SATVA	Individual's traits
1.	<b>Pravarsattvasar</b>	Calm, composed, wise, reacts to circumstances articulately, good memory, alert, does work dutifully, mentally strong, tread through difficult times or disease
2.	<b>Madhyasattvasar</b>	Derives strength to face circumstances by observing others, needs social support and help to face difficult times
3.	<b>Heensattvasar:</b>	May look physically strong but is timid and gets baffled by slight troubles

Note: Author's Compilation

**Susruta Samhita:**

समदोषः समाग्निश्च समधातुमलःक्रियाः ।

प्रसन्नात्मेग्ररियमनः स्वस्थइग्रतअग्निधीयते ॥

Su. Su.15/48

**Bhagwad Geeta**

युक्ताहारविहारस्य युक्तचेष्टस्यकर्मसु ।

युक्तस्वप्नावबोधस्य योगो भवति दःखहा (B.G. 6.17)

These days, most health problems are caused by faulty lifestyles and emotional complexities. A healthy, *yogic* lifestyle with proper 'Achara' (right conduct), 'Vihara' (routine), 'Vichara' (thoughts), and 'Ahara' (food) will reduce not only psychological but also physiological problems. *Ayurveda* and *Bhagwad Gita* also mentioned that the timing, type (*Satvika*, *Rajasika*, *Tamasika*), nature and 'Bhava' of eating food significantly affect our overall health.

- Satva
- Sadvritta Palana (Aahaara,Vihaara)
- Yoga
- Dhyaana

*Ayurveda Samhitas* highlights the role of the mind in the following verses

**Charaka Samhita:**

*Maharshi Charaka* gave importance to mind. He categorized *Satva* into three categories: *Pravara*, *Madhya*, and *Heena/Avar*. *Charaka Samhita* highlighted the role of the mind in overall health.

Distinguishing features of the three categories of *satva* are given below:

*Patanjali's sutras* describe that the objective of yoga is to 'calm down the agitations of the mind' (sutra 1.2). Nowadays, different schools of yoga incorporate elements of *Asanas*, relaxation, *Pranayama* and *Dhyana*, which are derived from *Hatha yoga*. According to *yoga* philosophy,

the word 'hatha' comes from – 'Ha'+ 'Tha' 'Ha' represents 'the Sun' and 'Tha' meaning the Moon.

Thus, all yogic practices aim to align an individual's biorhythms with those of nature, thereby improving overall health.

According to *yoga* philosophy, the root cause of distress is "Avidya." It leads to disturbances in "Manomaya kosha," which in turn leads to an imbalance of *prana*, which may disturb vital energy. In this case, the *Nadis* [*Ida* Nadi (sympathetic nervous system) and *Pingla* Nadi (sympathetic nervous system) and *Chakras* start functioning abnormally.

Diet has also emerged as a powerful therapeutic approach in recent times. Research shows that some disorders tend to precipitate more with specific dietary habits and nutritional deficiencies, e.g. essential fats and amino acids, when ingested in the requisite amounts, have been found to support healthy neurotransmission activity greatly, help in bipolar depressive symptoms, cognitive problems, also mitigate the oxidant-induced impacts on mental fitness. Low Levels of zinc and vitamins B1, B2, C and D are associated with mental disorders. Deficiencies in micronutrients (iron, magnesium, and zinc) have been identified as the primary culprit in ADHD. Research studies revealed a positive correlation between a low saturated fat diet and high vitamin and mineral intake as a preclusion to most common causes of dementia, such as Alzheimer’s and Parkinson’s disease.

**Meditation:** Studies have also proven that meditation is helpful in maintaining harmony by regulating the central nervous system, HPA Axis, glutamate receptors (which increase oxytocin), cortisol balance, serotonin, and GABA receptor levels.

**AAM UTPATTI:** Inflammation is another biological process associated with psychiatric conditions; a reduction in IL-6 after 10 Weeks of *Hatha yoga* (Nugent 2021) and 12 weeks of *yoga* and a meditation-based lifestyle (Tolahunase 2018) in people with major depressive disorder is also documented. Here, concepts of *Ayurveda* and *Yoga* like the *Sadvritta* plan, i.e., proper *Achaar*, *Vihara*, *Vichara*, and *Ahara*, are proving beneficial.

FIG. 1.1 A visual summary of the Comprehensive mental health action plan 2013–2030



Source: WHO, 2021 (3).

**Figure 4**  
**WHO (Mental Health Action Plan 2013–2030)** has developed guidelines for strengthening multi-sectoral promotion and prevention interventions by identifying the individual, social and structural determinants of mental health and intervening to reduce risks, build resilience and establish supportive environments for mental health.

Considering country-specific challenges, progress for the concerned population can be made by considering local needs, contexts, existing state and structure of respective mental health systems. Generally, health care that provides adequate community alternatives is more accessible and acceptable than institutional care.



Here, in Indian parlance, the AYUSH system, especially *Ayurveda* and *Yoga* (Pharmacological and non-pharmacological modalities), can play a significant role in this action plan due to its strong presence at the level of the primary healthcare system. Also, evidence-based lifestyle modalities, treatment and concepts like *Satva*, *Prakruti parikshana*, *Sadvritta palana*, *Ahara-vihara* precautions and yogic concepts of *Sthitpragya* (stability of mind) and *Pranayama* by building the gap between the use of *yoga* by individuals with neuropsychiatric disorders and the prescription of *yoga* by trained mental health professionals. The primary reason for this gap is insufficient training and education for professionals in mental health and *yoga* therapy.

The LIVE LIFE approach to suicide prevention by WHO can be truly supported by *Yoga*. As it is free from stigma and discrimination, it can be integrated into almost all setups like schools, colleges,

during the pre-natal and post-natal periods for adults, rehabilitation centres, for family and marriage issues, in geriatrics and caregivers of patients.

With evidence of a link between stress-related hormones and NCDs, meditation and *yoga*-based lifestyle (*Yoga Nidra*, physical postures) practising can prove very beneficial. *Sthitpragya* (stability of mind) and *Pranayama* are two of the significant concepts of *yoga* that help maintain and restore the balance of mind and body. *Sthitpragya* is a virtue, the lack of which gives illness, and a person feels fear, anxiety, stress, paranoia, dullness and sadness.

Integration of *yoga* into clinical practice began in 2007 with the establishment of a centre funded by the Government of India’s Ministry of Ayurveda, *Yoga*, Unani, Siddha and Homeopathy (AYUSH).

**Research and Evidence**

**Table 4**

Research/Evidence	Findings
<b>Yoga and Depression During Pregnancy</b>	- Regular <i>yoga</i> practice can be beneficial for alleviating depressive symptoms during pregnancy, particularly for mild depression (Brinsley, 2021).
<b>Yoga and Menstrual Pain</b>	- <i>Yoga</i> has been shown to reduce menstrual pain (primary dysmenorrhea) in women, offering a non-pharmacological way to manage discomfort. (Kim, 2019).
<b>Yoga and Smoking Cessation</b>	- <i>Yoga</i> is considered a promising intervention for improving smoking cessation, potentially helping individuals manage cravings and stress during the quitting process. (Dai, 2014).
<b>Yoga and Chronic Pain, Cognitive Impairment, and Early Dementia</b>	- <i>Yoga</i> can help manage chronic pain, mild cognitive impairment, and early dementia.
<b>Yoga and Cognitive Improvement</b>	- Review studies indicate significant improvements in cognitive abilities with <i>yoga</i> practice.
<b>Yoga and Neuroplasticity in Major Depressive Disorder</b>	- 12-week <i>yoga</i> practice enhances neuroplasticity in people with major depressive disorder (Naveen, 2016; Tolahunase, 2018).
<b>Yoga and GABA Levels in Healthy Individuals</b>	- Iyengar <i>yoga</i> intervention increases thalamic GABA levels in healthy individuals, supported by MRI and PET data (Streeter, 2007; Streeter, 2010).
<b>Impact of Prolonged Stress on Brain Structure and Function</b>	- Prolonged stress leads to changes in brain structure, decreasing its activity and stress response (Lupien et al., 2009).
<b>Yoga as a Non-Pharmacological Option for Mental Health</b>	- <i>Yoga</i> is a promising complementary and alternative non-pharmacological option for managing and preventing mental disorders (Varambally, 2020). It’s cost-effective, stigma-free, and suitable for community-based interventions.

Note: Author’s compilation

## CONCLUSION

India is a socio-culturally, politically diverse, and economically stratified country with varying contexts, local mental health needs, and different mental health systems in its states. There is a considerable treatment gap due to inattention and underdevelopment of mental health services and systems, human rights abuse and discrimination against people with mental disorders and psychosocial disabilities in Indian society. Though India was one of the first countries to develop a national Mental Health Programme, we are still unable to meet our targets. So, to make meaningful progress, we need to deepen commitment, reshape the environment and strengthen primary care to transform mental health as envisioned in WHO's Comprehensive Mental Health Action Plan 2013-2030. Mental health services are costly, but indirect costs incurred by society often far outstrip health care costs. We need to explore, research, and practice diverse options to tackle mental health and data-driven policies and programmes in this process, including those for different age groups. India can contribute immensely here as we have time tested and evidence backed, both pharmacological (*Ayurveda*) and non-pharmacological (*Yoga*, Diet, Meditation) options in treating psychological, auto-immune, metabolic disorders of children, adolescents and adults sans any stigma and discrimination.

## REFERENCES

1. Kaviraja Ambikadutta Shastri, *Sushruta samhita (ayurveda tatva sandipika)*, edition 13th, year 2002, Sutra sthana. 15/48, page no. 64.
2. Charak Samhita (Vidyotini), *Vimana sthana* (8/119)
3. Bhagavad Geeta (6/17)
4. Lupien SJ, McEwen BS, Gunnar MR, Heim C. *Effects of stress throughout the lifespan on the brain, behaviour and cognition*
5. Yaribeygi H, Panahi Y, Sahraei H, Johnston TP, Sahhebkar A. *The impact of stress on body function: A review. EXCLI J.* 2017 Jul 21; 16:1057-1072. doi: 10.17179/excli2017-480. PMID: 28900385; PMCID: PMC5579396.
6. Varambally S, George S, Gangadhar BN. *Yoga for psychiatric disorders: from fad to evidence-based intervention? Br J Psychiatry.* 2020 Jun;216(6):291-293. Doi: 10.1192/bjp.2019.249. PMID: 31727200
7. Dai, C.-L., & Sharma, M. (2014). Between inhale and exhale: yoga as an intervention in smoking cessation. *Journal of Evidence-Based Complementary & Alternative Medicine*, 19(2), 144–149. <https://doi.org/10.1177/2156587214524580>
8. Eisenberg, D., Hunt, J., & Speer, N. (2012). Help Seeking for Mental Health on College Campuses: Review of Evidence and Next Steps for Research and Practice. *Harvard Review of Psychiatry*, 20(4), 222–232. <https://doi.org/10.3109/10673229.2012.712839>
9. Estevao, C. (2022). The role of yoga in inflammatory markers. *Brain, Behavior, & Immunity - Health*, 20, 100421. <https://doi.org/10.1016/j.bbih.2022.100421>
10. Iyengar, S. (2012). *Light on the Yoga Sutras of Patanjali*. HarperCollins UK.
11. Kim, S.-D. (2019). Yoga for menstrual pain in primary dysmenorrhea: A meta-analysis of randomised controlled trials. *Complementary Therapies in Clinical Practice*, 36, 94–99. <https://doi.org/10.1016/j.ctcp.2019.06.006>
12. MENTAL HEALTH AND WELLBEING A PERSPECTIVE CENTRAL BOARD OF SECONDARY EDUCATION.(n.d.).[https://manodarpaan.education.gov.in/asset/s/img/pdf/CBSE\\_MH\\_Manual.pdf](https://manodarpaan.education.gov.in/asset/s/img/pdf/CBSE_MH_Manual.pdf)
13. Mr T., R, S., M, F., & R, D. (2018). *Yoga- And Meditation-Based Lifestyle Intervention Increases Neuroplasticity and Reduces Severity of Major Depressive Disorder: A Randomized Controlled Trial*. Restorative Neurology and Neuroscience. <https://pubmed.ncbi.nlm.nih.gov/29614706/>
14. National Mental Health Survey of India, 2015-16: Mental Health Systems. Bengaluru, National Institute of Mental Health and Neurosciences, NIMHANS Publication No. 130, 2016
15. Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., Arora, M., Azzopardi, P., Baldwin, W., Bonell, C., Kakuma, R., Kennedy, E., Mahon, J., McGovern, T., Mokdad, A. H., Patel, V., Petroni, S., Reavley, N., Taiwo, K., & Waldfogel, J. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *Lancet (London, England)*, 387(10036), 2423–2478. [https://doi.org/10.1016/S0140-6736\(16\)00579-1](https://doi.org/10.1016/S0140-6736(16)00579-1)
16. Streeter, C. C., Whitfield, T. H., Owen, L., Rein, T., Karri, S. K., Yakhkind, A., Perlmutter, R., Prescott, A., Renshaw, P. F., Ciraulo, D. A., & Jensen, J. E. (2010). Effects of Yoga Versus Walking on Mood, Anxiety, and Brain GABA Levels: A Randomized Controlled MRS Study. *The Journal of Alternative and Complementary Medicine*, 16(11), 1145–1152. <https://doi.org/10.1089/acm.2010.0007>
17. Tolahunase, M. R., Sagar, R., Faiq, M., & Dada, R. (2018). Yoga- and meditation-based lifestyle intervention increases neuroplasticity and reduces the severity of major depressive disorder: A randomised controlled

- trial. *Restorative Neurology and Neuroscience*, 36(3), 423–442. <https://doi.org/10.3233/rmn-170810>
18. WHO. (2019). *World health statistics 2019: Monitoring health for the SDGs, sustainable development goals*. Wwww.who.int. <https://www.who.int/publications/i/item/9789241565707>
  19. World Health Organization & International Labour Organization. (n.d.). *Mental health at work*.
  20. World Health Organization. (2014). *Social determinants of mental health [Report]*. Geneva, Switzerland:
  21. World Health Organization. *Comprehensive Mental Health Action Plan 2013-2030*. Geneva: World Health Organization; 2021.
  22. World Health Organization. (2022). *World mental health report: Transforming mental health for all*. Geneva: World Health Organization
  23. World Health Organization. "World Mental Health Report: Transforming Mental Health for All." Geneva: World Health Organization, 2022.
  24. *WORLD HEALTH STATISTICS 2008*. (2008). <https://www.who.int/docs/default-source/gho-documents/world-health-statistic-reports/en-whs08-full.pdf>

**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Bhanu Priya: Manasa Roga – Role Of Ayurveda With A Comprehensive Gap Analysis. *International Ayurvedic Medical Journal* {online} 2025 {cited March 2025}