



Conceptual understanding of Madya (Alcohol) as a Nidana for Mananovikara (Psychological Disorders) w.s.r. to Alcohol Use Disorders

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Substance use disorder is a critical issue affecting individuals and society. While commonly seen in adolescence, it spans in all age groups and genders, contributing to psychological disturbances. Among substance, Alcohol is widely used due to its availability, making it a major psychoactive substance globally. Alcohol Use Disorder (AUD) is characterized by a complex array of behavioral and physical manifestations, including symptoms such as depression, interpersonal conflicts, insomnia, withdrawal, increased tolerance and persistent cravings. As of 2024, the WHO estimates that approximately 400 million people globally are living with alcohol use disorder. Alcohol, referred to as Madya, is classified as an intoxicating substance that when consumed excessively, disrupts the equilibrium of both the Shareerika and Manasika Dosha. Acute intoxication resulting from alcohol consumption primarily affects the mind, which is believed to vitiate the Manoguna with the Hridaya serving as the locus for this disturbance. This imbalance is thought to manifest in psychological disorders, particularly those driven by desires and negative emotions such as Kama, Krodha, Mana, Lobha and Shoka. Chronic and inappropriate use of alcohol exacerbates these effects, leading to significant adverse consequences across various domains of life including occupational, social, physical and mental well-being. The psychological ramifications of alcohol use are often as profound as its physiological effects, underlining the need for a comprehensive understanding of alcohol's role in the etiology of mental health disorders with particular emphasis on AUD. This article seeks to explore the intricate relationship between Madya and the manifestation of psychological disturbances, offering a nuanced perspective on the intersection of substance use and mental health.

Keywords: Madya, Manobhavas, Manovikara Chikitsa, Alcohol use disorders

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Introduction

Alcohol use disorder (AUD) is characterized by cluster of behavioral & physical symptoms, including depression, social & interpersonal issues (such as violent conflicts), insomnia, withdrawal symptoms, tolerance, & craving. In India, prevalence of AUD was recorded at 2.6% in 2010, with alcohol dependence affecting 2.1% of population. According to National Mental Health Survey of India (2015-2016), prevalence of AUD among adult men rose to 9%. Alcohol-attributable fraction (AAF) of all-cause mortality in India stands at 5.4%, with 62.9% of deaths due to liver cirrhosis linked to alcohol consumption.[1] AUD is contemporary clinical condition marked by compulsive alcohol consumption leading to loss of control associated with withdrawal symptoms such as anxiety, tremors, transient visual and auditory hallucinations.

Manovikara is a mental disorder. In Ayurveda, it refers to various conditions affecting the *Mana* (mind) due to imbalances in the *Mano Guna* (*Satva*, *Raja* and *Tama*) and *Shareerika dosha* (*Vata*, *Pitta* and *Kapha*).[1] Ayurveda classifies *Madya* as *Visha* (toxin) and *Oushadha* (medicine) based on its *Guna* (properties) and *Matra* (dosage).[2] However, excessive and improper consumption disrupts the balance of both *Shareerika* and *Manasika dosha* (*Raja* and *Tama*), leading to adverse effects on *Ojas* (the vital essence responsible for immunity and mental resilience).[3] The properties of *Madya* including *Laghu* (lightness), *Ushna* (heat), *Tikshna* (sharpness), *Sukshma* (subtlety), *Amla* (sourness), *Vyavayi* (pervading nature), *Ashu* (quick action), *Ruksha* (dryness), *Vikasi* (expansiveness) and *Vishada* (non-sliminess) are fundamentally opposite to the qualities of *Ojas*. [4] This antagonism depletes *Ojas* and leads to *Durmana* (weakening of mental resilience) and increasing vulnerability to various *Manovikara* like *Unmada* (psychosis), *Apasmara* (epilepsy), *Chittodvega* (anxiety) and *Vishada* (depression).[5] This article explores how *Madya* acts as a *Nidana* for *Manovikara* (psychological disorders) and its implications in contemporary mental health.

Objectives of the study

1. To understand the Ayurveda concept of *Madya* (Alcohol) as a *Nidana* for *Manovikara* (Psychological disorders w.s.r. Alcohol use disorders).

2. To examine the effect of *Madya* on the *Manas*, leading to *Manovikara* (Psychological disorders w.s.r. Alcohol use disorders).

Madya and *Oja*

Madya is defined as a *Dravya* (substance) that vitiates the *Buddhi* (intellect) and causes *Mada* (intoxication). It is predominantly associated with *Tamoguna* (the quality of darkness, inertia or ignorance).[6] *Ojas* is the vital essence of all *Dhatu* (tissues) and is responsible for biological strength, vitality and immunity in the body. It represents the essence of health and well-being. *Ojas* exhibits ten properties, which are *Guru* (Heavy), *Sheeta* (cold), *Mridu* (soft), *Shlakshna* (smoothness), *Bahala* (density), *Madhura* (sweet), *Sthira* (stable), *Prsanna* (fresh), *Picchila* (slimy) and *Snigdha* (unctuousness).[7] These properties are opposite to those of *Madya*, which disrupts the balance of *Oja*.

Since *Madya* is *Tamoguna Pradhana* and exhibits opposite qualities of *Ojas*, excessive consumption of *Madya* can lead to *Ojakshaya* (depletion of immunity and mental resilience). This depletion impacts on *Manas* which leads to the manifestation of *Manovikara*.

Due to *Nidana* (*Atimadyapana*) in an *Alpasatva* (weak mental strength) person, vitiation of *Shareerika* and *Manasika Dosha* takes place. Thus, vitiated *Dosha* takes shelter in the *Hridaya* (*Sthana* of *Oja*, *Buddhi*, *Indriya*, *Atma* and *Manas*) in turn causes disturbances in the function and will destroy the *Oja*, leading to the manifestation of *Manovikara*[8] such as *Unmada* (psychosis), *Apasmara* (Epilepsy), *Vishada* (depression) and *Chittodvega* (anxiety) etc.

Role of *Madya* on *Manobhava* (Emotional status):

A. *Raja*, *Tama* *Doshajanya Manobhava*[9]

1. *Kama* (lust) - desire to obtain the object.
2. *Krodha*- anger
3. *Lobha* (greed) - A Strong desire to attain things that do not belong to oneself.
4. *Moha* (Delusion) - A false belief.
5. *Irsha* (Jealousy) - Sense of intolerance with the wealth or success of someone.
6. *Mana* (Pride) - Sense of superiority complex.
7. *Mada* (Neurosis) - Madness or intoxication
8. *Shoka* (Grief) - Due to loss of desired ones
9. *Chinta*- Worry

10. Udvega- Anxiety

B. Raja, Tama and Vata, Pitta and Kapha Doshajanya Manobhava[10]

1. Unmada - Psychosis
2. Apasmara - Epilepsy
3. Apatantraka - Hysteria
4. Atatwabhinivesha - Obsession
5. Bhrama - Vertigo
6. Tandra - Drowsiness
7. Klama - Neuresthenia
8. Mada - Psychoneurosis
9. Murccha - Fainting
10. Sanyasa - Coma
11. Madatyaya - Alcoholism
12. Gadodvega - Hypochondriasis

Madya and Manovikara

Madya leading to Vishada: When an *Alpa Satva* person indulges *Atimadyapana*, it disrupts the balance of *Tridosha*, particularly aggravating *Vata* and *Pitta*. Excessive alcohol consumption weakens the *Satva* (clarity and harmony) while increasing *Tamas* (inertia) and *Rajas* (agitation), leading to mental instability. This imbalance depletes *Ojas* (vital energy), resulting in *Vishada* (depression). and produces *Lakshana* like, *Atichintana* (excessive thinking), *Bhaya* (fear), *Dukha* (sorrow), *Smritinasha* (loss of memory), *Alpavak* (less talkative), *Asthirata* of *Mana* (instability of mind). Over time, dependency on *Madya* creates a vicious cycle of emotional distress, further deepening feelings like *Shoka* (Sadness) and *Manodainyata* (hopelessness).[11]

Madya leading to Unmada: Excessive consumption of *Madya* aggravates *Vata* and *Pitta* *Dosha*, impairing the *Manovaha Srotas* (mental channels) and disturbing the *Oja* (*Sthana* of *Satva*, *Buddhi*, and *Indriya*). Especially *Laghu*, *Ruksha* *Ushna* *Tikshna* *Sukshma* and *Vyavayi*, *Guna* of the *Madya* leads to vitiation of *Shareerika* and *Manasika* *Dosha* causing a disturbance in *Satva*. This leads to *Chittavibhrama* (perplexed mind), *Buddhivibhrama* and *Smritivibhrama*. It Produces *Lakshanas* like, *Tushnibhava* (Mutism), *Rahaskamata* (prefer isolation), *Shouchadvesha* (Aversion to cleanliness), *Bibhatsata* (Frightening appearance), *Smritibhrama* (devoid of memory), *Amarsha* (Irritable), *Krodha* (Anger), *Vinagnabhava* (nakedness) and *Roopanaam Aprshastanam* hallucinations and delusions etc.[12]

Madya leading to Apasmara: *Nidana Sevana* (*Atimadyapana*) leads to aggravation of *Shareera* and *Manodosha* and reaches the *Hridaya* (*Sthana* of *Satva* and *Buddhi*), disrupts the *Satva*, further leading to *Manovahasrotodushti*, influenced by *Raja* and *Tama* results in *Smritinasha* and produces symptoms like *Tamapravesha* (darkness in front of eyes), *Bibatsa Chesta* (erratic movements) appear, along with impairment of *Buddhi* (intellect) and *Satva* (mind).[13]

Stages of Madya

Stages	Lakshanas[14]	Behavioral Corelates	Ojas Awastha[15]	Blood alcohol concentration
First	Harsha (Happiness), Trupti (Relaxed)	State of excitement	Oja not affected	50-150mg%
Second	Pralapa (Impaired speech), Moha (Confusion), Yuktayuktakriya (Inappropriate activities)	State of in-coordination	Oja get disturbed	150-250mg%
Third	Visanjna (Unconsciousness)	State of coma	Severe disturbance in the Oja	>250mg%

Same can be understood in contemporary science as Alcohol use disorder:

Alcohol is a potent substance that induces both acute and chronic changes in nearly all neurochemical systems of the brain. It stimulates dopamine release in the brain's ventral tegmental area (VTA), which is part of the mesolimbic dopamine system associated with motivation and reward. This dopamine release influences the nucleus accumbens (NAc) and the prefrontal cortex, reinforcing drinking behaviours. Although alcohol does not directly bind to dopamine receptors, it interacts with key neurotransmitters such as glutamate, gamma-aminobutyric acid (GABA), and serotonin (5-HT). Additionally, alcohol affects the endogenous opioid system, including endorphins and enkephalins.

Alcohol disrupts the balance between excitatory and inhibitory neurotransmitters. Specifically, it inhibits N-methyl-D-aspartate (NMDA) glutamate receptors while enhancing GABA receptor activity, creating an inhibitory effect. Chronic alcohol use results in neuroadaptive responses, increasing neuronal excitability due to NMDA receptor upregulation and alterations in glutamate signalling.

These changes contribute to drinking-related behaviours and withdrawal symptoms. Prolonged alcohol exposure further disrupts glutamate and GABA signalling, leading to neuronal hyperexcitability during cessation. This hyperexcitability manifests as withdrawal symptoms driven by increased NMDA receptor activity and altered glutamate signalling pathways. These adaptations enhance vulnerability to alcohol-related cues, fostering addiction by reinforcing compulsive drinking behaviours. Additionally, the GABA system undergoes alterations, contributing to anxiety, insomnia, nausea and vomiting, hallucinations, restlessness and agitation, and occasionally seizures and discomfort associated with withdrawal. Over time, cycles of neuroadaptation and withdrawal perpetuate repetitive behaviours, characterizing alcohol dependence. Alcohol intoxication causes behavior problems and mental changes. These may include inappropriate behavior, unstable moods, poor judgment, slurred speech, problems with attention or memory, poor coordination and "blackouts" where individuals don't remember events. Elevated blood alcohol levels can lead to permanent brain damage, coma or even death.[16]

Management

Ayurveda recommends three types of *Chikitsa* viz., *Daivavyapasraya Chikitsa* (divine or spiritual therapy), *Yuktivyapashraya Chikitsa* (logical therapy) and *Satvavajaya Chikitsa* (psychotherapy) for treating mental illnesses.[17] *Daivavyapasraya Chikitsa* includes *Mantra* (holy recitation), *Ausadha* (amulets), *Mani* (gem therapy), *Mangala* (auspicious rites), *Bali* (religious sacrifice), *Upahara* (gifting), *Homa* (fire rituals), *Niyama* (self-restrictions), *Prayaschita* (atonement), *Upavasa* (fasting), *Swastyayana* (chanting of auspicious hymns), *Pranipata* (observance to the God) and *Gamana* (pilgrimage). These are considered as divine therapy. In this condition, surrendering oneself to God may help an individual's spirituality and understand the inner sense of God.[18]

Yuktivyapashraya Chikitsa: *Medhya Rasayana* in *Ayurveda* is a herbal formulation specially designed to enhance mental faculties and cognitive functions like intellect, concentration, memory, attention and thinking. It primarily focuses on nourishing the mind and improving mental abilities hence it is considered as a cognitive enhancer.

Bruhatrayee and *Laghutrayee* have mentioned various *Medhya Rasayana* such as *Shankhapushpi* (*Convolvulus prostrates*), *Brahmi* (*Bacopa monnieri*), *Yashtiamadhu* (*Glycyrrhiza glabra*), *Guduchi* (*Tinospora cardifolia*), *Mandukaparni* (*Centella asiatica*) for treating *Manovikara* and promoting overall mental well-being. These drugs also help in correcting the deranged *Dhi*, *Dhriti* and *Smriti*. [19] In accordance with severity of the condition and presentation of the symptoms, *Doshavastha* and *Adhisthana* of *Vyadhi* can be predicted and appropriate *Shodhana* line of management can be adapted.[20]

Sattvavajaya Chikitsa: *Satvavajaya* plays a major role in the management of *Manovikara* by enhancing five factors which are *Jnana*, *Vijnana*, *Dhairya*, *Smriti*, and *Samadhi* to achieve *Manonigraha* (self-control). *Jnana* is the knowledge about self and the surroundings; right knowledge of self is impaired in this condition. *Vijnana* is considered as the scientific knowledge, to enhance this factor family therapy or interpersonal therapy can be adapted. *Dhairya* is to keep the mind stabilized and to have the courage to face the societal criticism. *Smriti* on the other hand is considered as the recollection of the past experiences and here group therapy can be adapted to make an individual feel included. *Samadhi* is a state of deep mental stillness and equanimity which helps in withdrawing oneself from all the external materialistic things. Counselling therapies such as *Santvana* (consolation) and *Ashvasana* (assurance) can be adapted to provide an emotional support in self-awareness and personal development.[21]

Discussion

The intricate relationship between *Madya* and *Manovikara* in *Ayurveda* presents a holistic understanding of alcohol-induced psychological disturbances, bridging traditional concepts with contemporary science. *Madya*, characterized by properties like *Laghu*, *Ushna*, *Tikshna*, and *Vyavayi*, predominantly embodies *Tamoguna*. Its opposite nature to *Ojas* - the vital essence responsible for strength, immunity, and mental stability - explains its depleting impact on physical and mental health when consumed excessively. The concept of *Ojakshaya* aligns with the understanding of weakened immunity and cognitive dysfunction seen in chronic alcohol users.

Atimadyapana leads to the vitiation of both *Sharirika* and *Manasika Doshas*, particularly *Vata* and *Pitta*, resulting in mental instability and disorders. When the *Hridaya*, the seat of *Ojas*, *Buddhi*, *Indriya* (senses), *Atma* and *Manas*, is affected, it results in the manifestation of various *Manovikaras* such as *Unmada*, *Apasmara*, *Chittodvega* and *Vishada*. These conditions are deeply rooted in the imbalance of *Rajas* and *Tamas*, leading to emotional disturbances like *Krodha*, *Moha*, *Irsha* and *Shoka*.

However, excessive or habitual intake of *Madya* leads to a range of detrimental effects on mental health. One of the significant psychological impacts of alcohol consumption is *Vishada* (depression or melancholy). According to Ayurveda principles, *Madya*, when consumed beyond a healthy limit, aggravates *Pitta* and *Rajas*, leading to an imbalance in *Sattva* - the essential component of a calm and balanced mind. This disturbance manifests as *Atichintana* (excessive thinking), *Bhaya* (fear), *Dukha* (sadness), *Asthira* of *Mana* (instability of mind) and *Smritinasha* which over time can progress to *Vishada*.

In Ayurveda, '*Apasmara*' refers to *Tridoshaja Vyadhi* characterized by episodic loss of consciousness, memory impairment, and involuntary movements, closely resembling epilepsy.

The pathophysiology of *Apasmara* involves both *Sharirika* and *Manasika Doshas*. The pathogenesis begins with the accumulation of etiological factors such as *Atimadyapana*, leading to the vitiation of *Doshas*. These vitiated *Doshas*, particularly *Vata*, impair the normal functions of the *Mana* and *Buddhi*, resulting in the obstruction of *Manovaha Srotas*.

This obstruction disrupts the coordination between the *Manas* and *Shareera*, manifesting as the clinical features of *Apasmara*, including convulsions, frothy discharges from the mouth, and temporary loss of memory.

In contemporary science Alcohol is a central nervous system (CNS) depressant that acts on gamma-amino butyric acid (GABA) receptors, a major inhibitory neurotransmitter. It also affects the production of serotonin and dopamine in the nervous system. Excessive alcohol intake can lead to behavioral, cognitive, and psycho-motor changes at blood alcohol levels as low as 0.02–0.03 g/dl.

It can produce diseases such as bipolar mood disorder, major depressive disorder, generalized anxiety disorder, schizophrenia, insomnia and suicidal thoughts, tremors transient visual and auditory hallucinations. Long-term alcohol use depletes and reduces the number of neurotransmitters in the brain.

Daiva Vyapashraya Chikitsa, one of the threefold treatment modalities in Ayurveda, plays a crucial role in managing *Manovikara*. Rooted in faith-based and spiritual practices, it includes *Mantra* (chants), *Aushadha* (sacred herbs), *Mangala* (auspicious rituals), *Bali* (offerings), *Homa* (fire sacrifices), *Upavasa* (fasting) and *Prayaschitta* (atonement). These interventions help cleanse the mind, reduce negative *Karma* influences and restore mental equilibrium. In alcohol use disorders, *Daiva Vyapashraya Chikitsa* supports de-addiction by strengthening willpower, reducing psychological cravings and alleviating withdrawal distress through divine consciousness and positive reinforcement.

In Ayurveda, *Satvavajaya Chikitsa*, is a pivotal approach in managing *Madya*-induced *Manovikara*, which referring to mental disorders arising from excessive alcohol consumption. This therapeutic method focuses on strengthening the *Satva* to restrain it from unwholesome desires, particularly the craving for alcohol. Classical texts emphasizes that the essence of *Satvavajaya Chikitsa* lies in redirecting the mind away from harmful objects such as *Madya* through the *Jnana* (cultivation of knowledge), *Vijnana* (analytical thinking), *Dhairya* (courage), *Smriti* (memory) and *Samadhi* (concentration). The approach integrates counselling, meditation, and behavioural therapy, enhances self-control and mental resilience

By enhancing these mental faculties, individuals can develop resilience against the temptations of alcohol, thereby restoring psychological balance. This non-pharmacological approach aligns closely with modern psycho-therapeutic techniques, offering a holistic pathway to mental well-being.

Yukti Vyapashraya Chikitsa, a rational therapeutic approach in Ayurveda, plays a crucial role in managing *Madya*-Induced *Manovikara*. It involves a well-planned combination of *Aushadha* (medicinal therapy), *Ahara* (dietary modifications) and *Vihara* (lifestyle interventions) tailored to restore the balance of *Dosha* and *Manas* (mind).

In conditions arising from chronic alcohol consumption, such as anxiety, depression, hallucinations and cognitive impairments, herbal formulations like *Shankhpushpi*, *Brahmi*, *Ashwagandha* and *Guduchi* are prescribed to strengthen the nervous system and promote mental stability. Detoxification therapies, including *Panchakarma* procedures like *Vamana*, *Virechana*, *Basti* and *Nasya*, help in eliminating accumulated toxins and restoring physiological equilibrium. *Yukti Vyapashraya Chikitsa* provides a comprehensive, holistic and sustainable approach to managing alcohol-induced psychological disorders while promoting long-term well-being.

Conclusion

Madya plays a significant role in the development of *Manovikara* by affecting the *Satva*, *Manobhava* and *Buddhi*. *Atimadyapana* disrupts the equilibrium of *Dosha*, impairs *Buddhi* and weakens *Manas*. Both ancient Ayurvedic texts and modern psychological studies highlight the detrimental effects of *Madya* on mental health, underscoring the importance of self-restraint and mindful living. Consequently, avoiding the use of *Madya* is essential for maintaining mental clarity, emotional well-being and a balanced life. Integrating *Ayurveda* treatments with *Satvavajaya Chikitsa* and lifestyle interventions can offer comprehensive care for individuals with alcohol use disorders, supporting long-term recovery and overall mental well-being.

References

- Newman KR, Stobart Gallagher MA, Gomez AE. Alcohol withdrawal [Internet]. 2023. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK441882/> [Crossref][PubMed][Google Scholar]
- Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Vimanasthana*, Ch. 6. p. 254 [Crossref][PubMed][Google Scholar]
- Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Chikitsasthana*, Ch. 24, Ver. 36. p. 574 [Crossref][PubMed][Google Scholar]
- Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Chikitsasthana*, Ch. 24, Ver. 30. p. 573 [Crossref][PubMed][Google Scholar]
- Talapatra T, Ansari MT, Ghosh S, Ghosh R. Manas (Mind) and Manovikara (Mental Disorder) in Ayurveda: a review. *Int J Ayurveda Pharma Res*. 2021;9(1):71-6. [Crossref][PubMed][Google Scholar]
- Tripathi B, editor. Sarangadhara Samhita. Varanasi: Chaukhambha Surbharati Prakashan; [Year]. Pu 4, Ver. 21. p. 50 [Crossref][PubMed][Google Scholar]
- Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Chikitsasthana*, Ch. 24, Ver. 31. p. 574 [Crossref][PubMed][Google Scholar]
- Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Chikitsasthana*, Ch. 24. p. 391 [Crossref][PubMed][Google Scholar]
- Joshi K, et al. Manovikara in Ayurveda: bridging mind and body. *Int Ayurvedic Med J* [Internet]. 2024 Jun [cited 2024 Jun]. Available from: [Article] [Crossref][PubMed][Google Scholar]
- Joshi K, et al. Manovikara in Ayurveda: bridging mind and body. *Int Ayurvedic Med J* [Internet]. 2024 Jun [cited 2024 Jun]. Available from: [Article] [Crossref][PubMed][Google Scholar]
- Soni D, Verma V, Gehlot S. Concept of Vishada (Depression) in Ayurveda: a literary review. *JETIR*. 2023;[Volume]:[Pages]. [Crossref][PubMed][Google Scholar]
- Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Chikitsasthana*, Ch. 9, Ver. 6-7. p. 226 [Crossref][PubMed][Google Scholar]
- Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Chikitsasthana*, Ch. 24, Ver. 31. p. 574 [Crossref][PubMed][Google Scholar]
- Sushruta. Sushruta Samhita with Nibandha Sangraha Commentary of Sri Dalhana. Edited by Acharya JT. Varanasi: Chaukhambha Orientalia; 2002. *Uttaratantra*, Ch. 47, Ver. 11-12. p. 742 [Crossref][PubMed][Google Scholar]
- Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Chikitsasthana*, Ch. 24, Ver. 31. p. 574 [Crossref][PubMed][Google Scholar]

16. Wackernah RC, Minnick MJ, Clapp P. Alcohol use disorder: pathophysiology, effects, and pharmacologic options for treatment. *Subst Abuse Rehabil.* 2014;5:1-12. [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)

17. Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Chikitsasthana, Ch. 11, Ver. 54. p. 238* [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)

18. Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Vimanasthana, Ch. 8, Ver. 87. p. 271* [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)

19. Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Chikitsasthana, Ch. 10, Ver. 62. p. 477* [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)

20. Agnivesha. Charaka Samhita. Edited by Shukla V, Tripathi RD. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. *Sutrasthana, Ch. 1, Ver. 58. p. 16* [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)

21. Talapatra T, Ansari MT, Ghosh S, Ghosh R. Manas (Mind) and Manovikara (Mental Disorder) in Ayurveda: a review. *Int J Ayurveda Pharma Res.* 2021;9(1):71-6. [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)

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