

Ageing Gracefully: Ayurvedic Insights Into Mental Health And Social Well-Being

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Abstract

As the global elderly population continues to expand, and is expected to surpass 2 billion by 2050, mental health has become a pressing concern. Older adults commonly experience conditions such as depression, anxiety, dementia, and substance-related disorders. Worldwide, depression affects roughly 7% of people over 60, while anxiety disorders are seen in about 3.8%. Dementia currently impacts over 55 million individuals, with nearly 10 million new cases reported annually. Despite the prevalence of these issues, mental health in the elderly is often under-recognised, inadequately treated, or mistaken as a normal aspect of ageing, especially in low-resource settings. Contributing factors include chronic physical illness, cognitive impairment, social disconnection, grief, and economic stress. Research highlights that persistent loneliness can raise the risk of early mortality by over 25%, underscoring its profound impact on mental well-being. Traditional healing systems such as Ayurveda offer supportive, holistic approaches to enhance mental health in ageing individuals. According to Ayurvedic principles, age-related mental decline is often linked to an imbalance in the Vata dosha. Natural remedies like Brahmi, Ashwagandha, and Shankhpushpi have long been used to support cognitive function, reduce anxiety, and improve emotional balance. Additionally, practices such as Abhyanga (therapeutic oil massage), Shirodhara (oil therapy for calming the mind), and rejuvenation therapies (Rasayana) help promote relaxation and mental clarity. A well-rounded approach that combines modern medical care with time-tested Ayurvedic practices can offer valuable benefits for elderly mental health. Emphasising integrative care and community support is key to improving emotional well-being and quality of life for older adults worldwide.

Key Words: Geriatric mental health, holistic health, psycho-social factors, ayurvedic psychiatry, and community-based social support, etc.

INTRODUCTION

India's elderly population (aged 60 and above) is projected to comprise nearly 19% of the population by 2050. (Kurangi, 2021) Current estimates indicate that approximately 8.3% of Indians are aged 60 or older, with a rapid growth trend underway. (Kurangi, 2021) National surveys and meta-analyses demonstrate high prevalence rates of depressive disorders among seniors, estimated at 34.4% (95% CI: 29.3–39.7%) based on a meta-analysis of community-based studies between 1997–2016. (Pilania et al., 2019) Notably higher rates are observed in rural settings and among women. (Pilania et al., 2019) The Longitudinal Ageing Study in India (LASI, 2017–18) reported serious depression in 20.1% of older adults, with over half of those classified as severely depressed; treatment-seeking behaviour remains extremely low (<2% for outpatient care) (Sharma & Ranjan, 2025). Undiagnosed depression affects 5–8% of the elderly according to the Composite International Diagnostic Interview–Short Form (CIDI-SF) and CES-D scales. (Devikrishna, Mishra & Singh, 2024) These data underscore an urgent need for culturally relevant integrative approaches. Mental health conditions among the elderly are surprisingly widespread. According to WHO (2023), around 14% of people aged 60 and older live with a mental health disorder. Depression affects roughly 7% of older adults worldwide, while anxiety disorders affect nearly 4%. Dementia, one of the most feared and debilitating age-related conditions, currently affects more than 55 million people globally and sees almost 10 million new cases every year. The emotional impact of such conditions is immense, both for individuals and their families. Yet, despite the clear burden, mental health in older age is often misunderstood. Many symptoms are brushed off as a “normal”

part of ageing or hidden behind stigma, leaving many older adults to suffer in silence. (ZipDo, 2025) Behind these statistics are real human experiences. Older adults often face a unique set of challenges that can deeply affect their mental well-being. Physical health decline, reduced mobility, chronic illnesses, and the loss of independence can all take a toll. In many cases, seniors also deal with grief—whether from the death of a spouse or close friends or from feeling left out of a fast-moving, digital world. Social isolation is another serious issue. Research shows that feelings of loneliness in older adults can increase the risk of premature death by more than 25%. (Liu & Jiang, 2025) Additionally, economic hardship, elder abuse, and a lack of supportive community networks can make older individuals more vulnerable to mental distress. (WHO, 2023)

As the global population continues to age, conversations around health are increasingly shifting toward the well-being of older adults, not just physically, but mentally and emotionally as well. The World Health Organisation (WHO, 2023) reports that by the year 2050, over 2 billion people will be aged 60 and above, more than doubling the number recorded in 2020. This demographic shift brings with it a significant rise in age-related health concerns, and mental health is one of the most pressing among them. Conditions such as depression, anxiety, dementia, and cognitive decline are not only common but also often go unrecognised and untreated in older populations. With society still learning how to better care for its ageing members, there's growing interest in holistic and culturally rooted systems of healing—such as Ayurveda—that approach ageing and mental wellness with a broader, more integrated perspective. (Reddit Contributor, 2024)

Even when mental health concerns are identified, getting proper care is often difficult. In low- and middle-income countries, access to trained mental health professionals is limited, and geriatric mental health services are either lacking or not tailored to the specific needs of older populations. Globally, it is estimated that fewer than 25% of older adults with depression receive appropriate treatment. (WHO, 2023) In countries like India, the issue is compounded by a shortage of mental health infrastructure and persistent stigma surrounding both ageing and mental illness. (PMCID, 2023) In response to these challenges, many are turning to time-tested traditional systems like Ayurveda for solutions. Ayurveda, the ancient Indian system of health and healing, takes a holistic view of ageing. Rather than seeing ageing as a decline, Ayurveda frames it as a natural stage of life that can be supported through balance and nourishment, physically, mentally, and spiritually. According to Ayurvedic philosophy, ageing is dominated by the Vata dosha, one of the three fundamental energies (or doshas) that govern the body and mind. When Vata becomes imbalanced, it can lead to symptoms commonly seen in ageing adults, such as anxiety, restlessness, memory loss, poor sleep, and emotional instability. (Reddit contributor, 2024) To restore this balance, Ayurveda offers a variety of treatments and lifestyle practices aimed at calming the mind, strengthening the nervous system, and improving overall well-being. Herbs like Brahmi (*Bacopa monnieri*), Ashwagandha (*Withania somnifera*), and Shankhpushpi (*Convolvulus pluricaulis*) are well known in Ayurvedic medicine for their ability to enhance memory, reduce stress, and support cognitive function. (Verywell Health, 2003; Times of India, 2025) These herbs are often used in combination to form what are known as Medhya Rasayanas, or brain tonics, which are believed to promote longevity and mental clarity. Ayurvedic therapies extend beyond herbs. Treatments like Abhyanga (therapeutic oil massage) and Shirodhara (a soothing therapy where warm medicated oil is poured onto the forehead) are widely used to calm the nervous system, relieve stress, and promote better sleep and emotional balance. Daily routines—known as Dinacharya—also play a key role in maintaining mental health, with emphasis on consistent sleep, balanced diet, gentle exercise, and meditation. Rasayana therapy, another important Ayurvedic approach, focuses on rejuvenation, aiming to boost resilience, memory, and emotional well-being as people age. (PMC, 2007)

What makes Ayurveda particularly valuable is its compatibility with community-based and preventive models of care. The WHO's framework on healthy ageing emphasises maintaining functional ability, promoting social engagement, and creating age-friendly environments. (WHO, 2023) Ayurveda aligns with these goals, not only through its physical treatments but through its emphasis on social and spiritual well-being. Its philosophies encourage older adults to remain mentally active, connected to family and community, and engaged in meaningful life activities—all of which are crucial for maintaining mental health in later life. Furthermore, in multicultural societies or countries where traditional practices are widely respected, integrating Ayurveda into mainstream mental health care could help reduce stigma and make treatment more accessible. (Reddit Contributor, 2024)

Understanding of Geriatric Mental Health in our Society

Ageing is a complex phenomenon influenced by changes in social roles, economic conditions, family structure, and societal expectations from a sociological perspective. The Role Theory posits that ageing results in the loss of key social roles (e.g., worker, spouse), which can lead to a decline in self-worth and increased vulnerability to mental health issues (Goode, 1960). A cross-sectional study by Patel et al. (2021) in Maharashtra found that 32% of elderly participants experienced significant loneliness, a condition closely linked with depression and anxiety. The study emphasised the need for community-based interventions and suggested incorporating traditional healing practices to reach underserved populations. This is particularly visible in post-retirement phases where individuals struggle to redefine their identity and purpose.

Social Disengagement Theory, proposed by Cumming and Henry (1961), suggests that ageing is a process of gradual withdrawal from social roles and relationships. While this may sometimes be voluntary, in many cases it is enforced by structural barriers such as migration of children, death of peers, and health-related immobility. This withdrawal can significantly contribute to loneliness, depression, and cognitive decline. Activity Theory, a critique of disengagement theory, argues that continued social engagement and activity are crucial to mental well-being in older age (Havighurst, 1961). Community participation, family involvement, and cultural engagement are shown to buffer against mental health decline. However, rapid modernisation, migration, and urbanisation have reduced these avenues, especially for the rural elderly. According to the Longitudinal Ageing Study in India (LASI, 2020), over 20% of elderly respondents reported symptoms of depression. Rural residents, females, and those without spousal support were disproportionately affected. Furthermore, only 1 in 10 elderly individuals with depressive symptoms reported receiving any mental health care, indicating a huge treatment gap. Gender and caste also shape elderly mental health. Older women, particularly widows and those from Scheduled Castes or Tribes, face compounded vulnerabilities due to lifelong exposure to gender-based violence, economic deprivation, and cultural marginalisation. These social disadvantages significantly elevate the risk of mental distress among marginalised elderly populations (Desai, 2021).

India's social fabric is shifting from traditional joint families to nuclear households, weakening familial support. Many elderly now face isolation, decreased social participation, and loss of status. (Sharma & Ranjan, 2025) Studies from Mysore and Delhi find elevated anxiety, depression, and insomnia among seniors living alone or neglected. (Kashyap et al., 2012; IJSR, 2023) Gender disparities are pronounced, elderly women lacking decision-making power and financial independence exhibit greater mental health risks. (Pilania et al., 2019; Sharma & Ranjan, 2025) Many do not recognize mental disorders as treatable conditions, attributing them to normal ageing. (Kurangi, 2021) Pilania et al. (2019) found depression prevalence among Indian elderly averages 34.4%; risk factors include female sex, rural residence, widowhood, chronic disease, food insecurity, inactivity, and bereavement. LASI data confirm depression is more common among women (OR = 2.71; $p < .01$). Undiagnosed cases 5–8% nationally are associated with low health insurance coverage, caste status, chronic impairments, and poor life satisfaction. (Devikrishna et al., 2024) Although the Maintenance and Welfare of Parents and Senior Citizens Act (2007) affirms elder rights, enforcement remains inconsistent, especially in rural areas. (Indian elder law, 2025) Public mental health programs face a large treatment gap, with up to 70–92% of individuals not receiving needed care. (mental health in India, 2025) NGOs such as HelpAge India, operating mobile healthcare and self-help groups, support elderly across 24+ states, yet resources remain inadequate. (HelpAge India, 2025)

- **Cultural Continuity and Social Meaning:** Ayurvedic practices embedded in daily life sustain cultural identity and purpose especially in old age. Rituals, herbal home remedies, and diet routines provide continuity and self-efficacy (Akshay et al., 2024), while social meaning buffers loneliness and supports dignity.
- **Community-Based Interventions:** Socially inclusive senior citizen centres—such as those under Uttar Pradesh's Smart Cities Mission—provide recreation, basic health checks, and peer support, alleviating isolation and improving emotional well-being. (Times of India, 2025) Integrating yoga and rasayana activities into such settings can bridge Ayurveda and sociological engagement.
- **Gender-Responsive and Caste-Sensitive Strategies:** Given greater depression prevalence among elderly women and disadvantaged castes (Devikrishna et al., 2024; Pilania et al., 2019), interventions

should be tailored: women-only yoga/rasayana groups, sattvic dietary education, peer support, and financial literacy workshops to restore agency and reduce stigma.

Ayurvedic Framework for Geriatric Mental Health

Ayurveda conceptualises mental health as a state of equilibrium between the body, mind, and spirit. According to Ayurvedic texts like Charaka Samhita, ageing is governed by the predominance of Vata dosha, which is responsible for movement, nervous system regulation, and cognitive function. An imbalance in Vata can result in fear, anxiety, restlessness, and insomnia, which are commonly observed in elderly populations (Sharma & Dash, 2001). The three gunas—Sattva (clarity), Rajas (activity), and Tamas (inertia)—govern mental functions. Mental disorders are often associated with the dominance of Rajas and Tamas, which disrupt cognitive and emotional stability. In the elderly, Tamas may become dominant, resulting in confusion, depression, and apathy (Lad, 2002). Ojas, considered the essence of vitality and immunity, plays a crucial role in mental health. Ageing naturally leads to the depletion of Ojas, making the elderly more susceptible to emotional and psychological imbalances. Ayurveda addresses this through Rasayana (rejuvenation) therapies that nourish both mind and body. Herbs such as Brahmi, Ashwagandha, and Shankhpushpi are known for their neuroprotective and adaptogenic properties (Singh, 2012). Panchakarma treatments and formulations like Manas Mitra Vatakam and Smriti Sagara Rasa serve psychological regeneration (Akshay et al., 2024). Daily routines (Dinacharya) and seasonal regimens (Ritucharya) are prescribed to align the individual's lifestyle with natural rhythms. This includes regulated sleep, dietary habits, self-massage (Abhyanga), yoga, and meditation, all of which have been shown to improve mood, reduce stress, and enhance cognitive function in elderly populations (Tiwari & Chaudhary, 2019). Sadvr̥itta, ethical conduct and moderation, reduces mental turbulence and fosters social harmony (IAMJ review, 2015).

A controlled trial in older adults with mild cognitive impairment found integrated yoga + Ayurveda rasayana significantly improved measures of stress, anxiety, depression, sleep quality, and quality of life compared to either intervention alone after eight weeks ($n = 72$) (Yoga & Rasayana trial, 2020/21). The combined arm showed greatest improvement on Geriatric Depression Scale, Hamilton Anxiety Scale, and other psychosocial scales (Yoga & Rasayana trial, 2020/21). Another study conducted by the National Institute of Mental Health and Neurosciences (NIMHANS) in 2022 found that yoga-based interventions, combined with basic Ayurvedic dietary recommendations, reduced anxiety and improved memory scores in elderly patients with mild cognitive impairment.

Integrative Perspective: Where Ayurveda Meets Sociology

The integration of Ayurvedic and sociological perspectives can lead to a more comprehensive understanding of mental health in the elderly. Ayurveda provides individualised, preventive strategies rooted in ancient wisdom, while sociology contextualises health within societal structures and relationships. (Shankar et al., 2021) Both systems emphasise the role of community and social integration. In Ayurveda, Sadvr̥itta (ethical conduct) includes compassion, truthfulness, respect, and service—values that promote social harmony and mental well-being. Sociologically, these values are mirrored in the importance of social support networks and community participation for ageing individuals. (Liu & Jiang, 2025)

Furthermore, Ayurveda's emphasis on intergenerational respect and Vanaprastha Ashrama (the life stage of retirement and spiritual pursuit) aligns with the sociological understanding of the need for purpose and dignity in old age. (Shankar et al., 2021) By encouraging elderly individuals to share wisdom, mentor younger generations, and engage in spiritual pursuits, both systems aim to preserve mental health and social relevance. (Liu & Jiang, 2025) Ayurveda also avoids over-medicalisation of mental distress. It focuses instead on Ahara (diet), Vihara (lifestyle), Aushadhi (medicine), and Achara (conduct), reducing the dependency on pharmaceuticals that often have adverse side effects in elderly populations. (Shankar et al., 2021) The incorporation of Ayurvedic and sociological interventions can significantly reduce the burden of mental illness among the elderly.

Proposed Model and Implementation Strategies

The evidence supports the need for a more holistic and culturally resonant model of mental healthcare for the elderly. Several steps can be taken to institutionalise integrative care:

- **Ayurveda-based Community Mental Health Programs:** Community-level interventions, such as group meditation and lifestyle modifications based on Dinacharya and Sadvritta, have been effective in reducing symptoms of depression and anxiety in the elderly population (Patel et al., 2021). For instance, a pilot project by the Ministry of AYUSH demonstrated that elderly participants involved in integrated Ayurveda and yoga sessions reported a 35% improvement in mental alertness and emotional stability within three months. Such models, when embedded within community health frameworks, not only address mental illness but also reinforce intergenerational bonds and social inclusion. (Ministry of AYUSH, 2019)
- **Training Frontline Health Workers:** Empowering frontline health workers with knowledge of geriatric mental health through an Ayurvedic lens is crucial for effective community-level care. ASHA workers and ANMs, who are often the first responders in rural health systems, typically lack structured training in identifying and managing mental health issues among older adults (Kumar, Singh, & Ramesh, 2021). To bridge this gap, pilot training modules integrating Ayurvedic concepts—such as Medhya Rasayana (cognitive-enhancing herbs), Tridosha theory, and mind-body practices like yoga and pranayama—have been introduced. These programs have shown promising outcomes. For example, in Karnataka, trained ASHAs demonstrated a 45% increase in referrals of elderly individuals with mental health concerns compared to untrained workers (Sharma & Thomas, 2022; Devikrishna et al., 2024).
- **Inclusion in Elderly Welfare Schemes:** Integrate Ayurvedic care into government schemes like the National Programme for Health Care of the Elderly (NPHCE) and Ayushman Bharat. Build on models like HelpAge India—including mobile healthcare units and elder self-help groups—to include yoga, rasayana education, and mental health literacy (HelpAge India, 2025). A 2021 evaluation by the Ministry of Social Justice and Empowerment noted that only 18% of old age homes had provisions for regular mental health check-ups, despite rising cognitive and emotional disorders among seniors. (MSJE, 2021)
- **Academic Integration:** Promote interdisciplinary research and education in Ayurveda and sociology to create evidence-based practices and awareness. The University Grants Commission (UGC) has begun encouraging interdisciplinary research and electives that blend Indian Knowledge Systems (IKS) with modern health sciences (UGC, 2022). Studies suggest that such integration enhances cultural competence and improves the effectiveness of elderly care in community settings (Patel & Rao, 2021).
- **Family and Caregiver Support:** Family plays a pivotal role in the mental well-being of the elderly, especially in the Indian sociocultural context, where joint family systems have traditionally ensured intergenerational care. Studies show that 65% of elderly individuals in nuclear families report feelings of loneliness compared to 23% in joint family setups. (Kumar & Dey, 2020) Encourage intergenerational dialogue and caregiving ethics through community workshops based on *Sadvritta* and sociological ethics. Facilitate weekly meetings for socioeconomically marginalised elders, with sessions on sattvic cooking, medhya herbs, peer sharing, and legal/financial rights (Maintenance Act, 2007).

DISCUSSION

Mental health among the elderly is not merely a biomedical issue but a socio-cultural and spiritual concern that demands a comprehensive approach. Ayurveda, with its emphasis on balance, ethics, and individualised care, offers timeless wisdom that can be revitalised in today's mental health landscape. (World Health Organisation, 2023) Sociology, by exposing the structural and relational dimensions of ageing, enriches our understanding of how social forces shape mental health outcomes. When combined, these two paradigms offer a culturally appropriate, affordable, and sustainable model for elderly mental care in India. Future policy and research must continue to explore and institutionalise this integrative approach to ensure that the mental well-being of our elders is preserved with dignity and compassion. (Patel et al., 2021) Mental health challenges in India's elderly—driven by demographic transitions, social isolation, gender inequities, and lack of recognition—are major and growing burdens. Ayurveda offers an integrative model of mind–body–spirit care through balanced doshas, ojas enhancement, rasayana, and ethical living. (UNFPA India, 2023) Sociological insights on family dynamics, community structures, and social policy enrich the application of these principles. Together, an interdisciplinary model—combining Ayurvedic therapies, yoga, community engagement, and social support—can promote mental resilience, reduce isolation, and foster dignity among elderly Indians. Scalable interventions, evaluated through robust research and supported by policy frameworks, hold promise for geriatric mental health equity in India. (Patel et al., 2021) The mental health of older adults in India is shaped by social determinants—

family structure, economic dependency, gender, and isolation—that correlate with high prevalence of depression, cognitive decline, and emotional distress. Ayurveda, with its holistic framework encompassing Vata-Pitta-Kapha balance, Sattva guna, Ojas vitality, Rasayana therapies, daily routines, and yoga, offers culturally resonant strategies to support mental well-being. (Yoga & Rasayana trial authors, 2020/21) A sociologically-informed integration of Ayurvedic therapies into community-based elder support—through senior centres, mobile health units, counselling, and peer networks—can reduce isolation, empower vulnerable elders, and promote mental resilience. (Havighurst, 1961) A collaborative model involving policy-makers, health-care providers, Ayurvedic practitioners, and community organisations can transform elder mental health care in India—anchored in traditional wisdom and sensitive to social realities—thereby fostering dignity, autonomy, and wellness in aging. (Times of India, 2025)

There are some lacunas in the existing studies, a lack of long-term RCTs of Ayurvedic interventions in geriatric mental health. The nascent empirical evidence (Yoga & Rasayana trial authors, 2020/21) requires replication with larger, diverse samples and longer follow-up. Intersectional sociological research is needed—examining caste, gender, rural–urban difference in both Ayurvedic responsiveness and mental health outcomes. Economic analyses of cost-effectiveness and acceptability in community settings are also lacking. The acceptance of complementary Ayurveda within public mental health systems requires evidence-based policy engagement. (Patel et al., 2021)

CONCLUSION

Ayurveda's holistic, long-term approach, healthcare systems can better support the mental and emotional needs of older adults and could help to reduce stigma and make treatment more accessible. Ageing gracefully is not just about extending life but enriching it with dignity, connection, and purpose. Ayurveda provides time-tested tools to achieve this, emphasising not only mental clarity and emotional balance but also ethical living and social belonging. As societies grapple with ageing populations, returning to such integrative, holistic frameworks may hold the key to enhancing the quality of life for the elderly and ensuring they remain respected, supported, and mentally well throughout their later years. As the global population ages and the mental health burden among older adults continue to rise, there is a pressing need to explore integrative and culturally sensitive models of care. Beyond individual care, Ayurveda also underscores the importance of Sadvritta (ethical and social conduct), emphasises daily routines (dinacharya), seasonal adjustments (ritucharya), and spiritual well-being, further reflecting a comprehensive vision of elder care that bridges the mind, body, and society. These practices foster a sense of continuity and identity, helping older adults maintain autonomy and self-worth in a rapidly changing world.

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