



REVIEW ARTICLE

Mechanisms of Action of Brahmi Ghrita in Depressive Disorder: A Narrative Review

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Abstract

Background: Despite extensive literature on *medhya rasayana* and growing interest in herbal medicines for mental disorders, limited reviews have systematically examined the mechanistic basis of *brahmi ghrita* as a classical lipid-based polyherbal formulation in the context of depressive disorder. Existing scholarship largely focuses either on individual botanicals such as *Bacopa monnieri* or on conceptual Ayurvedic approaches without translating these principles into contemporary neurobiological frameworks. This narrative review advances the field by constructing a formulation-specific, multidimensional mechanistic model that integrates Ayurveda theory with established pathophysiological pathways of depression, including monoaminergic dysregulation, HPA axis hyperactivity, neuroinflammation, oxidative stress, and impaired neuroplasticity. By bridging traditional *rasayana* pharmacodynamics with modern psychoneurobiology, this review repositions *brahmi ghrita* from a traditional cognitive tonic to a potential systems-level neuromodulatory intervention, thereby opening new directions for integrative psychiatric research and evidence-based Ayurveda therapeutics. *Brahmi ghrita* is processed in a *ghrita* base with *brahmi*, *kushta*, *vaca*, and *sankhapushpi* and is used in various psychiatric disorders. *Brahmi ghrita* pacifies vitiated *doshas*, promotes mental clarity, enhances *satva guna*, and supports emotional balance and cognitive stability. Its cognitive-enhancing properties address deficits in attention, memory, and executive functioning associated with depression. The *ghrita* base acts as a bioavailability enhancer, improving absorption and facilitating the delivery of bioactive compounds across the blood-brain barrier while supporting neuroendocrine balance. **Objectives:** This review aims to explore the pharmacological properties and mechanisms of action of the individual ingredients of *brahmi ghrita*, focusing on their neuroprotective and psychotropic effects, and to elucidate the formulation's role in the management of depressive disorder. **Materials and Methods:** A narrative literature review was performed by searching electronic databases to assess the individual and synergistic psychotropic and antidepressant effects of the formulation's ingredients. **Results:** *Brahmi ghrita*, characterized by *tikta*, *katu*, and *kashaya rasa*, *ushna virya*, and *katu vipaka*, exhibits significant *vata-kaphahara* activity. *Brahmi* modulates neurotransmitters and enhances brain-derived neurotrophic factor expression; *Kushta* provides anti-inflammatory and adaptogenic effects; *Vaca* acts as a nervine stimulant, improving cognition and motivation; and *Sankhapushpi* offers anxiolytic and mood-stabilizing effects. The *ghrita* base enhances sustained central

nervous system action. **Conclusion:** Through complementary neuropharmacological mechanisms, *Brahmi ghrita* demonstrates potential in targeting neurochemical, inflammatory, and cognitive disturbances associated with depressive disorder.

Introduction

Globally, an estimated 5.7% of adults suffer from depression (4.6% among men and 6.9% among women), and approximately 332 million people live with depression.^[1] In 2021, an estimated 727,000 persons died by suicide, with over 73% of these deaths occurring in low- and middle-income countries.^[2] While earlier estimates suggested that about 60% of individuals who die by suicide had a mood disorder, more recent data emphasize the strong association between mood disorders and suicidal death, although precise global percentages remain variable.^[3] According to the World Health Organization (WHO), the burden of mental disorders increased between 2010 and 2021, with age-standardized disability-adjusted life years (DALYs) for depressive disorders rising by approximately 16.4%.^[4] In 2021, the global number of incident cases of mental disorders reached about 444 million, with DALYs totalling approximately 155 million.^[5] Depressive disorder is therefore a leading cause of disability worldwide and a major contributor to the global burden of disease. While modern pharmacotherapy, including antidepressants, remains the cornerstone of treatment, traditional medical systems such as Ayurveda offer complementary approaches for the management of depressive disorder.

Ayurvedic View

Brahmi ghrita is a classical Ayurvedic formulation used to enhance cognitive function and support the management of mental disorders, including depressive disorder. It is prepared by processing *brahmi*, *kushta*, *vaca*, and *sankhapushpi* in a *ghrita* base. Each ingredient possesses specific properties that contribute to improving mental health, reducing stress, and stabilizing mood. In Ayurveda, *brahmi*, *vaca*, and *sankhapushpi* are classified as *medhya rasayana*, which are believed to enhance cognition, promote mental clarity, and restore emotional balance.

Materials and Methods

The materials and methods encompass a comprehensive review of the formulation, focusing on the following key aspects:

1. Various classical references of *Brahmi ghrita*
2. Ingredients of *Brahmi ghrita*
3. *Rasa panchaka* (pharmacodynamic properties) of the ingredients.
4. *Dosha karma* and *vyadhikarma* of ingredients.
5. Phytoconstituents of the individual drugs.

Study Design

The present study is a narrative review aimed at analyzing the conceptual understanding of depressive disorder from both contemporary biomedical and Ayurvedic perspectives, with special reference to the therapeutic role of *brahmi ghrita*.

Sources of Data

Modern Literature

A comprehensive literature search was conducted using electronic databases including PubMed, Scopus, google scholar, and the AYUSH Research Portal. Articles published between 2000 and 2024 were considered. The literature search was conducted using specific keywords and Boolean combinations to ensure comprehensive retrieval of relevant studies. The search terms included “Depressive disorders” and “Major depressive disorder” and “pathophysiology,” along with mechanistic terms such as “Monoamine hypothesis” and “depression” and “BDNF” and “depression.” To explore herbal and Ayurvedic interventions, combinations such as “*Bacopa monnieri*” and “antidepressant,” “*Saussurea lappa*” and “neuroprotective,” “*Acorus calamus*” and “antidepressant,” “*Clitoria ternatea*” and “anxiolytic,” and “*Brahmi Ghrita*” and “Ayurveda” were also used. These terms were applied systematically to identify relevant experimental, clinical, and classical literature.

Classical Ayurvedic Texts

Classical Ayurvedic references were reviewed without time restriction. Relevant sections describing *unmada*, *vishada*, *apasmara*, *manasika vikara*, *medhya rasayana* and *ghrita kalpana* were critically analyzed. The formulation and therapeutic indications of *brahmi ghrita* were reviewed from *brihat trayi*.

Inclusion Criteria

The literature review will include peer-reviewed original research articles, encompassing both preclinical and clinical studies related to depression. It will focus on investigations evaluating neuropharmacological mechanisms underlying depressive disorders and therapeutic interventions. Only articles published in English will be considered. Additionally, classical Ayurvedic references describing depressive symptomatology and *medhya* (nootropic and cognitive-enhancing) formulations will be examined to provide a comprehensive and integrative perspective.

Exclusion Criteria

The review will exclude case reports, conference abstracts without available full text, and publications in languages other than English. Articles lacking methodological clarity will also be omitted. Furthermore, studies that are not directly relevant to depressive disorder will not be considered for inclusion in the analysis.

Literature Review

Depressive Disorder – Modern Perspective

Depressive disorders include major depressive disorder (MDD), persistent depressive disorder (dysthymia), and depressive episodes occurring within bipolar disorder.^[6] The pathophysiology of depressive disorder is multifactorial, involving genetic, biochemical, environmental, and psychological factors. According to the ICD-10 diagnostic criteria, a depressive episode requires symptoms to persist for at least two weeks.^[7]

Biologically, imbalances in neurotransmitters such as serotonin, dopamine, and norepinephrine contribute to reduced mood and motivation. Endocrine disturbances including thyroid dysfunction, cortisol dysregulation, insulin resistance, and reproductive hormone fluctuations may exacerbate depressive symptoms.^[8] Chronic inflammation and comorbid medical conditions are also recognized contributors.

Psychological factors include maladaptive cognitive patterns such as rumination and catastrophizing, which perpetuate low mood.^[9] Social determinants such as limited social support, family conflict, academic pressure, and financial stress increase vulnerability. Lifestyle factors including poor sleep, physical inactivity, unhealthy diet, and substance use further worsen emotional resilience.^[10]

One influential biological model is the monoamine hypothesis, which proposes that deficiencies in serotonin, norepinephrine, and dopamine contribute to depressive symptoms.^[11] Antidepressants such as selective serotonin reuptake inhibitors (SSRIs) and serotonin–norepinephrine reuptake inhibitors (SNRIs) aim to restore neurotransmitter balance.

Although effective, antidepressants are associated with adverse effects including weight gain, sexual dysfunction, sleep disturbances, gastrointestinal symptoms, emotional blunting, dizziness, and metabolic changes.^[12–16] These limitations have contributed to growing interest in integrative approaches such as Ayurveda, which emphasizes individualized and holistic management strategies.

Depressive Disorder in Ayurveda

In Ayurveda, depressive disorder is understood as a disorder of the mind arising from imbalance of *tridosha* and disturbance of the mental qualities *satva*, *rajas*, and *tamas*.^[17] Aggravation of *vata dosha* leads to excessive thinking, fear, instability, and sleep disturbances. *Pitta* imbalance contributes to irritability, guilt, and internalized anger. *Kapha* aggravation manifests as lethargy, withdrawal, apathy, and reduced motivation.^[18]

At the psychological level, depression is primarily associated with increased *tamas*, resulting in mental heaviness,

inertia, and cognitive dullness, along with disturbed *rajas*, which produces emotional turbulence. Depletion of *satva* weakens resilience and insight. Thus, depressive disorder is viewed as a psychosomatic condition resulting from *vata-kapha* imbalance and predominance of *tamas*.

Scope of Ayurveda

Bhutavidya, one of the eight classical branches of Ayurveda, addresses mental and behavioral health disorders. Mental suffering is attributed to imbalance of *rajas* and *tamas*, while health is associated with predominance of *satva*. Management therefore focuses on restoring equilibrium at both physical and psychological levels.

Brahmi ghrita in Ayurvedic Psychiatry

Brahmi ghrita is a lipid-based polyherbal formulation traditionally used in neuropsychiatric conditions. It contains herbs characterized by *tikta*, *katu* and *kashaya rasa*, *ushna virya* and *katu vipaka*, providing *vata-kapha* pacifying properties. The *ghrita* base enhances bioavailability, nourishes *ojas*, and supports *dhatus* and *manovaha srotas*.

Its key ingredients include:

- *Brahmi* (*Bacopa monnieri*) - A *medhya rasayana* known to enhance memory, cognition, and mental clarity.
- *Vaca* (*Acorus calamus*) - A stimulant that reduces *kapha*-induced lethargy and enhances alertness.
- *Kushta* (*Saussurea lappa*) - Exhibits *vata-kapha* balancing and neuroprotective properties.
- *Sankhapushpi* (*Clitoria ternatea*) - Supports cognition, reduces mental fatigue, and promotes calmness.

Together, these herbs produce a synergistic neuropsychological effect by reducing *vata* instability and *kapha* heaviness. The formulation stabilizes mood, enhances cognitive clarity, and promotes emotional resilience.

Charaka Samhita, Cikitsasthana (Chapter 10), describes the preparation of *brahmi ghrita* as ghee processed with *Brahmi* juice and paste of *vaca*, *kushta* and *sankhapushpi* for the management of *unmada*, *apasmara* and related mental conditions. Given its *vata-kapha* pacifying and *medhya rasayana* properties, *brahmi ghrita* is considered a relevant Ayurvedic therapeutic option for depressive disorder. Emerging evidence suggests potential antidepressant effects through antioxidant, neuroprotective, and stress-modulating mechanisms.

Key Ingredients of Brahmi ghrita and their Role in depressive disorders

1. ***Brahmi* (*Bacopa monnieri*):** Neuropharmacological and Antidepressant Mechanisms

Brahmi is a well-established nootropic herb in Ayurveda, traditionally used to enhance memory, concentration, and mental clarity. Its primary active constituents, bacosides, have demonstrated neuroprotective, antioxidant, and adaptogen properties in preclinical and clinical studies. *Brahmi* influences multiple neurotransmitter systems, reduces oxidative stress, protects neurons from inflammatory damage, and supports cognitive and emotional resilience. These mechanisms collectively contribute to its potential role in mood regulation and depressive disorders.

Brahmi (*Bacopa monnieri*) demonstrates a multifaceted neuropharmacological profile that supports its traditional use as a cognitive and mood-enhancing herb. Its active compounds, bacosides, modulate key neurotransmitters such as serotonin, dopamine, and GABA, offering benefits for mood regulation, motivation, and anxiety reduction. In parallel, *brahmi*'s strong antioxidant, anti-inflammatory, and neuroprotective actions help counteract stress-induced neuronal damage. Additionally, its ability to enhance synaptic plasticity, promote dendritic growth, and influence pathways linked to BDNF further strengthens its role in cognitive enhancement and emotional resilience. Collectively, these mechanisms suggest that *brahmi* is a promising adjunctive botanical for supporting mental health, stress adaptation, and neurocognitive function^[19].

***Kushta* (Sausseria lappa)**

Neuropharmacological and Antidepressant- Mechanisms

Kushta (Saussurea lappa), known as costus root, is a traditional Ayurvedic herb valued for its effects on the nervous system, digestive function, and mental stability. Classical Ayurvedic texts describe *Kushta* as a nervine tonic that strengthens the nervous system, calms excessive mental activity, and balances *doshas*, making it particularly helpful for conditions characterized by restlessness, anxiety, and mood instability. Modern preclinical research supports many of these traditional claims, suggesting that it possesses neuroprotective, anti-inflammatory, and anxiolytic properties relevant to mood regulation and depressive disorders.

Kushta exhibits a broad spectrum of neuropharmacological actions that align strongly with its traditional Ayurvedic use as a nervine tonic and mood stabilizer. Preclinical studies show that its key bioactive sesquiterpene lactones modulate GABAergic transmission, contributing to calming and anxiolytic effects. Mild MAO inhibitory activity suggests potential enhancement of monoamine neurotransmitters relevant to mood elevation. Additionally, its potent anti-inflammatory and antioxidant properties help counteract neuroinflammation and oxidative stress—two major contributors to depressive and stress-related disorders. Its adaptogenic effects, including modulation of the HPA axis and protection against stress-induced neuronal dysfunction,

further support its role in emotional resilience. Collectively, these mechanisms indicate that *Kushta* may be a valuable botanical adjunct for supporting anxiety reduction, mood stability, and overall neuroprotection^[20].

***Vaca* (Acorus calamus): Neuropharmacological and Antidepressant - Mechanisms**

Vaca (Acorus calamus), also known as sweet flag, is an important Ayurvedic herb traditionally used as a *medhya rasayana* (nootropic), nervine stimulant, and cognitive enhancer. Classical Ayurvedic texts describe *vaca* as a herb that sharpens the intellect, supports emotional steadiness, improves clarity of thought, and balances *vata* and *kapha* doshas. Modern preclinical research supports these traditional attributes, demonstrating that it exhibits anxiolytic, antidepressant, neuroprotective, anti-inflammatory, and antioxidant activities relevant to mood regulation and depressive disorders.

Vaca (Acorus calamus) demonstrates a multifaceted neuropharmacological profile that aligns closely with its classical Ayurvedic role as a *medhya rasayana* and nervine stimulant. Its key bioactive constituents, particularly α -asarone and β -asarone, modulate GABAergic signaling to produce calming and anxiolytic effects while also exhibiting mild MAO-inhibitory and monoamine-enhancing actions that support antidepressant activity. Additionally, its potent anti-inflammatory, neuroprotective, and antioxidant effects help counteract neuroinflammation and oxidative stress—key contributors to depression and cognitive dysfunction. *Vaca* further acts as a cognitive enhancer and adaptogen, improving learning, memory, stress resilience, and HPA-axis regulation. Collectively, these mechanisms position *Acorus calamus* as a potentially valuable botanical for supporting mood stability, cognitive clarity, and emotional resilience in stress-related and depressive conditions^[21].

***Sankhapushpi* (Clitoria ternatea)**

Sankha Pushpi is another renowned herb in Ayurveda known for its ability to enhance memory, concentration, and mental stability. It is often used in formulations aimed at treating mental disorders, including anxiety and depressive disorders. *Sankhapushpi* calms the mind, reduce the anxiety, and promote emotional stability. It works by balancing *vata* and *kapha doshas*, which are often implicated in mental disorders. *Sankhapushpi* is also known for its mood-enhancing properties, helping to elevate mood and reduce symptoms of depressive disorders. Its calming effect on the nervous system makes it particularly useful in treating anxiety-driven depressive disorders.

Neuropharmacological and Antidepressant Mechanisms

Clitoria ternatea, commonly known as *Sankhapushpi* is an important *medhya rasayana* herb in Ayurveda, traditionally used

to enhance memory, promote mental calmness, improve intellect, and stabilize emotions. Classical texts describe *Sankhapushpi* as a potent nervine and brain tonic that supports mental clarity and emotional balance. Modern preclinical research validates many of these traditional claims by demonstrating that it exhibits anxiolytic, antidepressant, neuroprotective, antioxidant, and anti-inflammatory properties relevant to mood regulation and cognitive health.

Sankhapushpi (*Clitoria ternatea*) exhibits a rich neuropharmacological profile that strongly supports its classical Ayurvedic role as a *medhya rasayana*, nervine tonic, and mood-stabilizing herb. Modern preclinical evidence demonstrates that it enhances GABAergic signalling to produce anxiolytic and calming effects, while simultaneously improving monoaminergic neurotransmission-supporting significant antidepressant potential. Its potent antioxidant and anti-inflammatory phytochemicals protect against neuroinflammation, oxidative stress, and neuronal injury, all of which are central factors in mood and cognitive disorders. Additionally, *Sankhapushpi* acts as a cognitive enhancer and adaptogen, improving memory, learning capacity, synaptic plasticity, and resilience to chronic stress. Together, these mechanisms validate its traditional use for anxiety, depression, cognitive impairment, emotional instability, and stress-related mood disturbances, making it a promising botanical for holistic neurocognitive and emotional support^[22].

Observations

Ayurvedic Properties and Actions of Ingredients of *Brahmi Ghrita*

Brahmi ghrita is a classical lipid-based polyherbal formulation containing *brahmi*, *vaca*, *kushta* and *sankhapushpi* each contributing pharmacological activities relevant to the pathophysiology of depressive disorders. *Brahmi* has been reported to enhance serotonergic transmission, modulate cholinergic activity, and exert antioxidant effects, thereby supporting mood elevation and cognitive function. *Kushta* demonstrates neuroprotective and anti-inflammatory properties that may mitigate neuroinflammation implicated in depression, while *vaca* exhibits adaptogenic and neuromodulatory actions that enhance stress resilience and stabilize

monoaminergic signaling. *Sankhapushpi* possesses anxiolytic and calming effects, potentially mediated through modulation of GABAergic and serotonergic pathways. Collectively, these herbs may influence key biological mechanisms associated with depression, including monoamine regulation, normalization of the hypothalamic-pituitary-adrenal (HPA) axis and cortisol levels, reduction of oxidative stress and inflammatory mediators, and promotion of neuroplasticity, possibly via upregulation of brain-derived neurotrophic factor (BDNF). Importantly, the *ghrita* base serves as a lipid vehicle that enhances the absorption and central bioavailability of lipophilic phytoconstituents, potentially facilitating blood-brain barrier penetration and sustained neuropsychological effects. Thus, *brahmi ghrita* may exert antidepressant activity through a multimodal and synergistic mechanism targeting interconnected neurochemical, neuroendocrine, inflammatory, and oxidative pathways, while traditionally being described in Ayurveda as a *tridosha*-balancing *medhya rasayana* that promotes *satva* and stabilizes mental function.

Discussion

Depression is increasingly recognized as a multifactorial disorder involving disturbances in emotional regulation, cognition, stress responsiveness, and neurobiological homeostasis. Contemporary biomedical research implicates monoaminergic dysregulation, chronic hypothalamic-pituitary-adrenal (HPA) axis activation, neuroinflammation, and oxidative stress in its pathogenesis. Ayurveda conceptualizes these disturbances as derangement of *vata dosha*, functional impairment of *sadhaka pitta*, and obstruction or depletion of *tarpaka kapha*, leading to impairment of higher mental faculties such as *medha*, *smriti*, *dharana*, *viveka buddhi*, and emotional stability.

Brahmi ghrita, a classical *medhya rasayana* formulation containing *Brahmi* (*Bacopa monnieri*), *Vaca* (*Acorus calamus*), *Kushta* (*Saussurea lappa*) and *Sankhapushpi* (*Clitoria ternatea*), is traditionally indicated in disorders of intellect, memory, and mental stability. The formulation demonstrates a rational Ayurvedic design aimed at correcting *tridosha* imbalance while simultaneously

Ingredient	Rasa	Guna	Virya	Vipaka	Doshaghnata	Karma
<i>Brahmi</i> (<i>Bacopa monnieri</i>)	Tikta, Kashaya	Laghu	Sita	Madhura	Kapha-Pitta hara	<i>Medhya</i> , <i>Smrtikara</i> , <i>Rasayana</i> , enhances <i>Medha</i> and <i>Smriti</i>
<i>Vaca</i> (<i>Acorus calamus</i>)	Katu, Tikta	Laghu Tikṣṇa	Uṣhṇa	Katu	Vata-Kapha hara	<i>Lekhaniya</i> , <i>Medhya</i> , <i>Unmada-hara</i> ; anticonvulsant, antidepressant, antihypertensive, immunomodulatory, neuroprotective (use cautiously due to β-asarone)
<i>Kuṣṭha</i> (<i>Saussurea lappa</i>)	Tikta, Katu, Madhura	Laghu Ruksha, Tikṣṇa	Uṣhṇa	Katu	Vata-Kapha hara	<i>Lekhaniya</i> , <i>sothahara</i> , <i>Krimighna</i> ; anti-allergic, antioxidant, anti-inflammatory, hypotensive, vasorelaxant, immunomodulatory
<i>Sankhapushpi</i> (<i>Clitoria ternatea</i>)	Tikta, Kashaya	Laghu Ruksha	sita	Madhura	Kapha-Pitta hara	<i>Medhya</i> , <i>Smrtikara</i> , <i>Viśaghna</i> , <i>Chakṣuṣya</i> ; antidepressant, anti-ageing, improves memory, intelligence, and overall strength
Ghṛta (Ghee)	Madhura	Guru Snigdha	sita	Madhura	Vata-Pitta hara	<i>Medhya</i> , <i>Agni-varḍhaka</i> , <i>Samśkarasayanuvartana</i> , <i>Unmada</i> and <i>Apasmara hara</i>

nourishing *manas* and *rasadi dhatus*. Experimental studies suggest that *brahmi* supports serotonergic activity, synaptic plasticity, and cognitive enhancement, thereby contributing to mood stabilization and restoration of impaired mental functions. *Kushta* exhibits neuroprotective and anti-inflammatory properties, which may be relevant in counteracting neuroinflammatory processes associated with depressive states. *Vaca*, described as a *tikshna* and *medhya* drug, demonstrates adaptogen-like and cognition-enhancing effects in experimental models, while *sankhapushpi* provides anxiolytic, calming, and memory-enhancing actions, particularly useful in anxiety-predominant depressive conditions.

From a pharmacodynamic perspective, *Brahmi ghrita* exhibits a balanced interplay of *rasa*, *guna*, *virya*, and *vipaka*. Although the formulation contains *ushna virya* and *katu vipaka* drugs such as *vaca* and *kushta* that effectively pacify aggravated *vata* and *kapha*, the presence of *ghrita* and *sita-madhura medhya* herb *sankhapushpi* balances *pitta*, allowing *brahmi ghrita* to act as a *tridosahara* formulation. This synergistic balance enables the formulation to exert *tridosha-hara* action, which is essential in chronic mental disorders where multiple *dosha* disturbances coexist.

Ghrita is traditionally regarded as a *yogavahi* that facilitates deeper tissue penetration, enhances drug delivery to subtle channels (*srotas*), and nourishes neuronal tissues. While direct experimental evidence regarding blood-brain barrier transport remains limited, lipid-based formulations are increasingly recognized for their potential role in improving central nervous system bioavailability. The *ghrita* base also supports *ojas*, contributing to mental stability and resilience.

Ayurvedic literature describes depressive states primarily in terms of disturbances of *rajas* and *tamo gunas* affecting mental functioning. While classical texts do not explicitly describe depression under a single entity, certain commentarial and interpretative traditions explain pathological mental states as involving obstruction (*avarana*) of normal cognitive processes within the *manovaha srotas* due to the dominance of *rajas* and *tamas*. In this conceptual framework, formulations such as *brahmi ghrita* are traditionally regarded as *medhya rasayana* agents that promote *satva guna* and support clarity of intellect (*buddhi*), memory (*smriti*), and emotional balance. This emphasizes restoration of emotional regulation, stress adaptability, and cognitive resilience in the management of depressive disorders.

Conclusion

Brahmi ghrita, a classical Ayurvedic *medhya rasayana* formulation comprising *brahmi* (*Bacopa monnieri*), *kushta* (*Saussurea lappa*), *vaca* (*Acorus calamus*), and *sankhapushpi* (*Clitoria ternatea*), offers a comprehensive and holistic approach to the management of depressive disorders. Through its combined nootropic, anxiolytic,

neuroprotective, antioxidant, and stress-modulating actions demonstrated primarily in experimental studies, the formulation supports cognitive functions, emotional regulation, and mental stability commonly impaired in depression.

Distinct from symptom-oriented pharmacotherapy, *Brahmi ghrita* addresses the underlying *dosha* imbalance and disturbance of *gunas* that govern mental health. By pacifying aggravated *vata*, supporting *sadhaka Pitta*, stabilizing *tarpaka kapha*, and enhancing *satva guna*, it restores higher mental faculties such as *medha*, *smriti*, *dharana*, and *viveka buddhi*. The *ghrita* base further enhances therapeutic efficacy by nourishing the nervous system and facilitating sustained action. Although the current evidence base is largely derived from classical Ayurvedic literature and preclinical studies, the longstanding traditional use of *Brahmi ghrita*, coupled with emerging neuropharmacological insights, highlights its potential as a supportive or adjunctive intervention in depressive states. Further clinical studies, standardization of formulations, and mechanistic investigations are warranted to substantiate its role within integrative mental healthcare. In the context of growing global interest in holistic and personalized approaches to mental health, *Brahmi ghrita* exemplifies the enduring relevance of Ayurvedic formulations in addressing complex psychiatric disorders.

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