

Effectiveness of Therapeutic Interventions and Medications in the Treatment of Anxiety, Depression, OCD and PTSD Disorders: A Systematic Review and Bibliometric Analysis

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Abstract: Purpose: Anxiety and Depression are most prevalent mental health disorders globally, significantly impact individual's life. Understanding and evaluating diverse treatment interventions is essential to inform effective, culturally appropriate, and evidence-based care strategies. **Objective:** The present study examines the effectiveness of therapeutic interventions and medications in treating anxiety and depression respectively and providing a detailed review of published intervention studies from the year 2000 to 2025 conducted in India. **Methodology:** Both Systematic review and Bibliometric analysis were conducted. The systematic analysis evaluates the effectiveness of intervention studies for the treatment of anxiety, depression, OCD, and PTSD Disorders. Whereas Bibliometric analysis made it possible to identify leading keyword co-occurrence patterns, the most productive co-authors as well as title and abstract co-occurrence trends. The data were extracted from the Scopus database and analyzed in accordance with PRISMA guidelines using network and density visualization techniques. **Results:** The findings revealed that both Pharmacological (rTMS, tDCS, Olanzapine, ECT, Aripiprazole) and Non-Pharmacological (Yoga, CBT, Mindfulness Therapy, Islamic Psycho-Spiritual Therapy, Quranic Surah Al-Rahman) interventions effectively reduce symptoms of anxiety and depression. Culturally integrative approaches yielded strong outcomes across diverse population of India. Further, the Bibliometric analysis highlights strong collaborative networks among authors and frequent co-occurrence of key terms like "Anxiety," "Depression," and "CBT" across titles, abstracts, and keywords. Multiple clusters highlight the prominence of both traditional and culturally rooted interventions in mental health research. **Conclusion:** The study proposes that both pharmacological and non-pharmacological interventions significantly reduce symptoms of anxiety and depression across various populations. Culturally adapted, multimodal approaches combining medications with therapies yielded more robust and sustainable outcomes. The mental health practitioners are suggested to take into consideration the culturally adopted approaches while providing the treatment to the client, in addition to the scientifically proven approaches.

Keywords: Anxiety, Bibliometric Analysis, Depression, Medication, Systematic Review Therapies

فعالية التدخلات العلاجية والأدوية في علاج اضطرابات القلق والاكتئاب والوسواس القهري واضطراب ما بعد الصدمة: مراجعة منهجية وتحليل بيبليومتري

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المخلص: الهدف: يُعد القلق والاكتئاب من أكثر الاضطرابات النفسية انتشارًا على مستوى العالم، ولهما تأثير كبير في حياة الأفراد. ويُعد فهم وتقييم التدخلات العلاجية المتنوعة أمرًا ضروريًا لوضع استراتيجيات رعاية فعالة، ملائمة ثقافيًا، وقائمة على الأدلة العلمية. **المنهجية:** تهدف الدراسة الحالية إلى فحص فعالية التدخلات العلاجية والأدوية في علاج القلق والاكتئاب على التوالي، مع تقديم مراجعة تفصيلية للدراسات التدخلية المنشورة خلال الفترة من عام 2000 إلى عام 2025، والتي أجريت في الهند.

المنهجية: تم إجراء كلٍّ من المراجعة المنهجية والتحليل البيبليومتري. وقد قُيِّمت المراجعة المنهجية لفعالية الدراسات التدخلية في علاج اضطرابات القلق والاكتئاب والوسواس القهري واضطراب ما بعد الصدمة. في حين أتاح التحليل البيبليومتري تحديد أنماط التكرار المشترك للكلمات المفتاحية الرائدة، وأكثر المؤلفين المشاركين إنتاجية، بالإضافة إلى اتجاهات التكرار المشترك في العناوين والمخلصات. وقد استُخرجت البيانات من قاعدة بيانات سكوبس (Scopus)، وتم تحليلها وفقًا لإرشادات بريزما (PRISMA) باستخدام تقنيات التصور الشبكي والكثافي. **النتائج:** كشفت النتائج أن التدخلات الدوائية (مثل: التحفيز المغناطيسي المتكرر عبر الجمجمة rTMS، والتحفيز المباشر عبر الجمجمة tDCS، وأولانزابين، والعلاج بالصدمات الكهربائية ECT، وأريبيرازول) والتدخلات غير الدوائية (مثل: اليوغا، والعلاج السلوكي المعرفي CBT، وعلاج اليقظة الذهنية، والعلاج النفسي الروحي الإسلامي، وسورة الرحمن من القرآن الكريم) كانت فعالة في تقليل أعراض القلق والاكتئاب. كما أظهرت الأساليب التكاملية ذات البعد الثقافي نتائج قوية لدى مختلف فئات السكان في الهند. إضافةً إلى ذلك، أبرز التحليل البيبليومتري وجود شبكات تعاون قوية بين المؤلفين، وتكرارًا مرتفعًا للمصطلحات الأساسية مثل "القلق" و"الاكتئاب" و"العلاج السلوكي المعرفي" في العناوين والمخلصات والكلمات المفتاحية. كما أظهرت عدة مجموعات بحثية بروز التدخلات التقليدية والمتجذرة ثقافيًا في أبحاث الصحة النفسية.

الخاتمة: تشير الدراسة إلى أن كلًّا من التدخلات الدوائية وغير الدوائية تسهم بشكل ملحوظ في خفض أعراض القلق والاكتئاب لدى مختلف الفئات السكانية. كما أن المقاربات متعددة الوسائط والمكيفة ثقافيًا، والتي تجمع بين الأدوية والعلاجات النفسية، أظهرت نتائج أكثر قوة واستدامة. وتوصي الدراسة الممارسين في مجال الصحة النفسية بمراعاة الأساليب المتكيفة ثقافيًا عند تقديم العلاج للمسنين، إلى جانب الاعتماد على الأساليب المثبتة علميًا.

الكلمات المفتاحية: القلق، التحليل البيبليومتري، الاكتئاب، الأدوية، المراجعة المنهجية، العلاجات.

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1. Introduction

Emotional disorders, including depressive and anxiety disorders, are among the leading causes of disability worldwide. Anxiety disorders affect up to 29% of the population, while depressive disorders impact up to 19% ([Szuhany & Simon, 2022](#)). These conditions have a significant economic impact, accounting for 33–50% of the global cost of mental illness, which was estimated at \$2.5 trillion in 2010 and is projected to exceed \$6 trillion by 2030 ([Morris et al., 2021](#)).

Typically emerging during late adolescence or early adulthood, these disorders often become chronic and relapsing without adequate treatment, frequently persists even after initial interventions ([Krijnen-De Bruin et al., 2022](#); [Robberegt et al., 2023](#)). Evidence shows that depressive and anxiety disorders share similar etiological and maintenance processes, with common genetic, familial, and environmental risk factors ([Kessler et al., 2008](#); [Rice, 2022](#)).

They also share core cognitive, affective, interpersonal, and behavioral features that drive their persistence. The overlapping characteristics of these conditions far outweigh their differences ([Mansell et al., 2008](#)). This shared foundation highlights the need for integrated treatment and prevention strategies.

1.1 Anxiety and Depression Disorders

Statistics show that the global prevalence of anxiety and depressive disorders has increased by over 28% with young people and women particularly affected ([Santomauro et al., 2021](#)). The mental health service system has faced significant challenges due to the rising number of anxiety disorder cases ([Charlson et al., 2019](#); [Oleary, 2021](#)). Both pathological and temporary anxiety negatively impact physical and mental health, manifesting as nervousness, fear, irritability, and other symptoms ([Kalin, 2020](#)). Long-term anxiety can lead to chronic mental tension, increased blood circulation, higher cardiovascular burden, and a greater risk of cardiovascular diseases ([Gustad et al., 2014](#)). It can also result in decreased work efficiency, reduced immunity, insomnia, depression and creating a vicious cycle. Further, Anxiety and depression are highly comorbid and considered the most common mental disorders characterized by worry and anhedonia. From 2005 to 2015 the number of depression cases increased by 18% and making it one of the most prevalent diseases worldwide ([Ledford, 2014](#)). In 2015, the World Health Organization identified depression as the leading cause of global disability with two-thirds of suicide associated with this ([Sousa et al., 2022](#)). Because it's influenced by numerous factors like genetics, environment, stigma, lack of effective treatment, insufficient mental health resources and finally under

diagnosis and treatment conditions ([Smith, 2014](#); [Austin, 2020](#)).

The anxiety disorders such as generalized anxiety disorder, panic disorder, agoraphobia, and social anxiety disorder are the most prevalent psychiatric conditions with a high illness burden ([Bandelow et al., 2017](#); [Bandelow, 2020](#)). They are often under recognized and undertreated in primary care. Treatment is recommended when patients experience significant distress or complications. Effective treatments include psychological therapy, pharmacotherapy, or a combination of both ([Cuijpers, Oud, Karyotaki et al., 2021](#); [Cuijpers et al., 2020](#)). Cognitive behavioral therapy (CBT) and music therapy have the highest evidence for efficacy ([Feng et al., 2020](#)). Also, the first-line pharmacological treatments include selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs), with other options including pregabalin, tricyclic antidepressants, buspirone, and moclobemide are showing the positive effects of treatment of anxiety and depression disorders ([Melaragno, 2021](#))

1.2 Treatment

Anxiety and depression are common mental health disorders that frequently occur together, often requiring a personalized, multifaceted treatment approach ([Deif & Salama, 2021](#)). Psychotherapy, especially Cognitive Behavioral Therapy (CBT), is widely used to help individuals identify and

modify negative thought patterns and behaviors ([Wenzel, 2017](#)). Medications, including Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs), are effective in regulating mood and alleviating symptoms ([Shelton, 2019](#)).

Lifestyle changes also play a vital role, with regular exercise, a healthy diet, good sleep hygiene, and stress management being integral to symptom management ([Briguglio et al., 2020](#)). Complementary treatments, such as herbal supplements or acupuncture ([Shim, 2015](#)), may provide additional support for some individuals. Advanced interventions like Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS) can be particularly effective for treatment-resistant depression ([Subramanian et al., 2022](#)). A strong support system of family, friends, or support groups further enhances the effectiveness of these treatments ([Hogan et al., 2002](#)). Collaborating with healthcare providers to develop a comprehensive, individualized treatment plan is essential ([Leahy et al., 2018](#)).

In addition, transdiagnostic treatments are increasingly utilized for anxiety and depressive disorders. These interventions address shared underlying processes of emotional disorders rather than focusing on disorder-specific symptoms. For example, Trans-diagnostic Cognitive Behavioral Therapy (TD-CBT) employs core CBT principles like graded exposure and cognitive restructuring to target the common cognitive

and behavioral factors driving anxiety and depression ([Schaeuffele et al., 2024](#)). Further, TD-CBT has been evaluated in various formats, including group sessions individual therapy, computerized programs ([Rodriguez-Pulido et al., 2020](#)) and online delivery systems. These flexible delivery methods make TD-CBT accessible and adaptable to diverse patient needs. By addressing the core mechanisms shared by anxiety and depression, transdiagnostic approaches offer a promising avenue for comprehensive and efficient treatment.

The present review focuses specifically on the Indian context, conducting a systematic review and bibliometric analysis is essential to evaluate the effectiveness of therapeutic interventions and medications tailored to India's unique socio-cultural, economic, and healthcare landscape ([Angeli et al., 2018](#)). Anxiety and depression are rising public health concerns in India ([Kumari, 2025a](#)), yet the applicability and efficacy of global treatments may differ due to local factors such as stigma, access to care, traditional beliefs, and treatment compliance ([Shah et al., 2019](#)). A systematic review helps in critically synthesizing Indian-based empirical evidence to determine what interventions (e.g., Ayurveda, yoga, pharmacological treatments, CBT, and Islamic interventions) are working effectively within the country ([Kurahde et al., 2022](#)), while a bibliometric analysis highlights publication trends, collaboration networks, and research gaps within Indian academia and

institutions. Therefore, together these two approaches offer both depth and breadth of analysis and enables the identification of research gaps, informs evidence-based practice and guides future research directions specific to the Indian context.

1.3 Research Gap

Previous reviews have largely been global or western-centric, often neglecting regional variations in intervention outcomes and treatment preferences. Very few studies have offered a comprehensive synthesis of India-specific evidence, and almost none have integrated bibliometric methods to track the evolution, productivity, and focus areas of Indian researchers in this field. This dual approach addresses the research gap by not only evaluating the intervention effectiveness of treatments used in India but also mapping the scholarly output and identifying under-researched areas, thereby informing policy, practice, and future research agendas specific to India.

1.4 Objective

- I. To examine the effectiveness of therapeutic interventions and medications in treating anxiety and depression by detailed review of published intervention studies from the year 2000 to 2025 in India.

2. Method

The study employs both systematic review and bibliometric analysis. In systematic review the PRISMA guidelines has been conducted starting from “*Retrieval*” then “*Screening*” and followed by “*Exclusion*” and ends with “*Inclusion*”. Because, helps us to structured synthesis of existing research studies using a transparent, replicable method to answer a specific objectives (Brunton et al., 2020). On the other side, in bibliometric analysis the “*Co-authorship*”, “*key word co-occurrence*” and “*Title and Abstract word occurrence*” association was conducted by showing “*Network Visualization*”. Because, helps to identify patterns, trends, and influential contributions within a specific research area (Kumari, 2025b)

Therefore, consequently the combined use of both systematic review and bibliometric analysis offers a comprehensive framework for examining the development of a research domain. Further, the present study extracted and collected the data from SCOPUS indexed database. The searchable terms were “*Effectiveness*”, “*Treatment*”, “*Anxiety*”, and “*Depression*”. Further, the search strategy was limit up to “*India*”, “*Year 2000 to 2025*”, “*Subject to Psychology and Medical*”, “*Human*” and “*English Language*”. The results of the search produced 613 records.

2.1 Inclusion Criteria

- I. Retrieval the data form SCOPUS data base only.
- II. Data screening was conducted according to the PRISMA guidelines.

- III. Manual screening of retrieved articles to ensure the reliability and validity of research findings.
- IV. Only Intervention or treatment-based studies were retained.
- V. Only randomized control trial studies included in the study.
- VI. Focus on English language only.
- VII. The review was restricted to studies conducted in India during the period 2000-2025.

2.2 Exclusion Criteria

- I. Not focus and retrieve the data of other sources such as MEDLINE, EMBASE etc.
- II. Removal of Duplicate articles present in the data base.
- III. Articles not suitable to the research topic or lacking intervention.
- IV. Exclude the review articles, book chapters, systematic reviews or Meta analysis papers.
- V. Exclude the articles without having randomized control design.

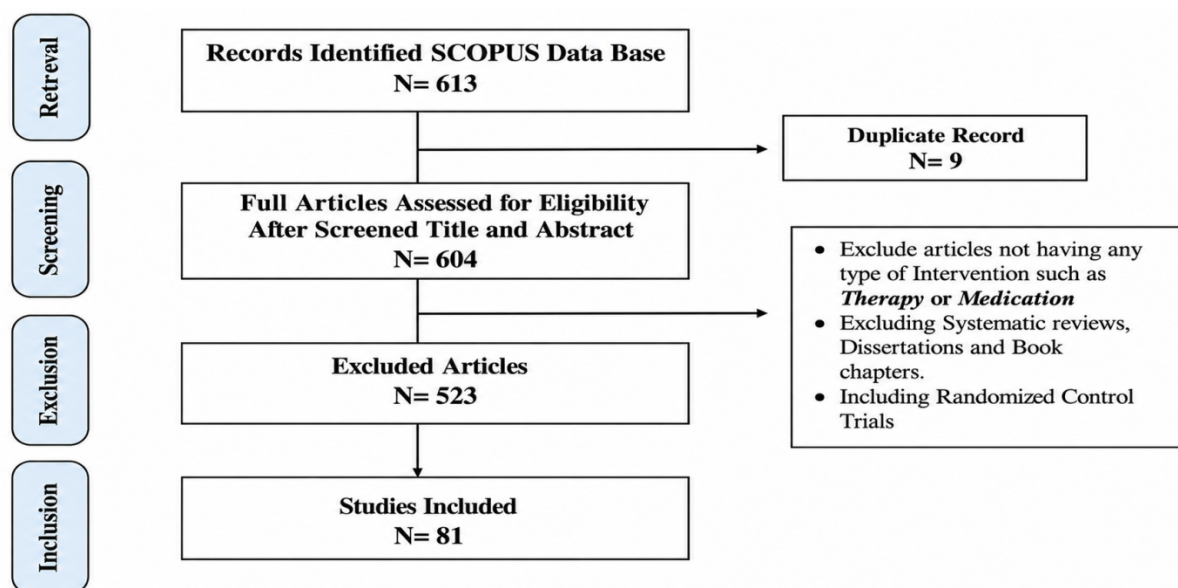


Figure 1: PRISMA Flow Chart

Following the inclusion and exclusion criteria and using the PRISMA guidelines the 81 research articles matching the study objectives (Figure 1). Further, the graphical representation of selected articles highlights the current trend of publications from the year 2000 to 2025. The illustration shows that there were exponential growth of intervention based studies of anxiety and depression published in Scopus indexed based particularly after the year 2010 on words in India (Figure 2).

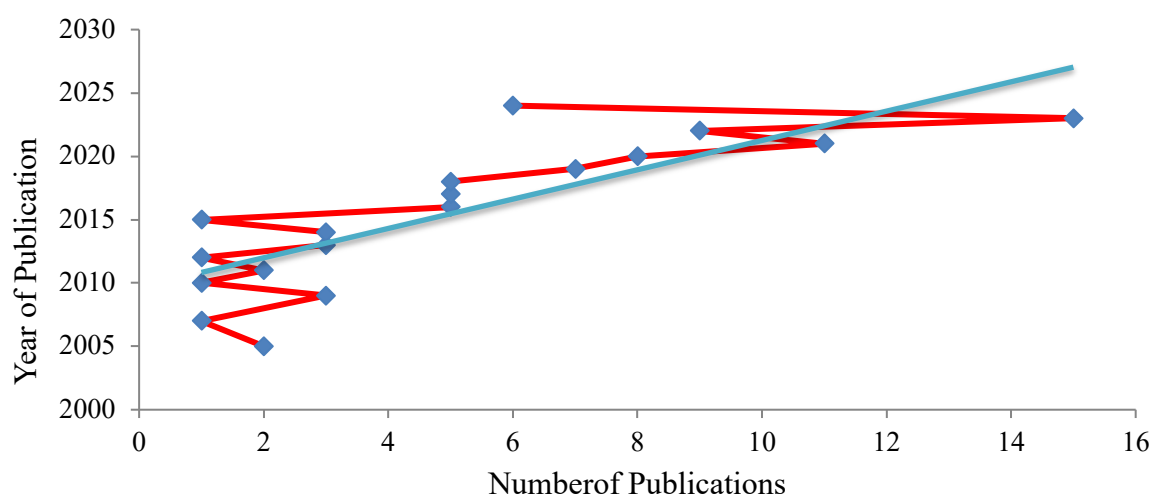


Figure 2: Publication Trend Over Time

3. Result

Table 3.1

Systematic Analysis: Effective Treatment for Anxiety and Depression Disorders

S. No.	Studies	Disorder Type	Medicine	Therapy	Sample Size / Intervention (Hours/Days/ Months)	Statistical Parameters (Effect Size /Mean (SD)/ p-value	Outcome Summary
1.	Kaur et al., (2023)	Stigma, Anxiety, Depression		Yoga Therapy and Psycho Education	160 Participants 3 to 6 Months	The treatment or yoga mediation group showed significant improvement in symptoms of anxiety at $p < .05$ (Cohen's $d = 0.23$)	Findings show that yoga and psycho education reduced anxiety significantly
2.	Wani & Singh (2019)	Anxiety and Depression		Islamic Psycho-Spiritual Therapy	40 Participants 40 Days	Significant difference of pre-test and posttest Mean and SD scores of Anxiety and Depression. Anxiety (56.24 (12.23) & 12.15(6.23)) Depression (33.13(9.20) & 13.34 (5.97))	Islamic psycho-spiritual therapy significantly reduced anxiety and depression
3.	Rafique et al., (2019)	Anxiety and Depression		Quran- Surha al Rahman	12 Participants 4 Weeks (2 Times a Day)	Decreased level of depression at post-assessment level.	Findings highlight that listening to Surah Al-Rahman daily reduced depression levels.
4.	Umadevi et al., (2013)	Anxiety and Depression		Yoga Therapy	43 Participants 1 Month 45 Minutes	Significant decrease in anxiety (9.45 ± 4.75 & 1.9 ± 2.33) and depression (14 ± 4.47 & 3.45 ± 3.8) scores ($p < 0.001$)	Yoga therapy significantly reduced anxiety and depression of individuals
5.	Kumari et al., (2023)	Major Depressive Disorder	tDCS and Escitalopram 10 mg/day		50 Participants 2 -4 week	Significantly reduction in major depression disorder with tDCS and Escitalopram intervention	tDCS combined with Escitalopram led to significant reduction in major depressive disorder.
6.	Hmwe et al., (2015)	Anxiety and Depression		15 min acupressure applied	108 Participants 4 Weeks (15 minutes 3 times a day)	The group that take Acupressure had significantly lower anxiety and depression scores as compared to the control group.	15-minute acupressure, applied daily significantly reduced anxiety and depression
7.	Sivaramappa et al., (2019)	Anxiety		Anapanasati Meditation	112 Participants 6 Months	The experiment group (Pre= 48.32 ± 6.57 & Post= 45.73 ± 3.28) has shown significant reduction in anxiety ($P < 0.01$) score after the intervention.	Anapanasati meditation practice led to a significant reduction in anxiety among individuals
8.	McKelway et al., (2023)	Anxiety and Depression		Cognitive Behavioral Therapy	1120 Participants 3 Weeks	Significant decreased control group 2.92 more (95% CI, -5.60 to -0.23) and depressive group score decrease by 1.01 more (CI, -2.07 to 0.06)	CBT over 3 weeks significantly reduced anxiety and modestly reduced depression symptoms.
9.	Arockiaraj et al., (2024)	Anxiety and Depression	Sertraline Desvenlafaxine Mirtazapine		60 Participants 4th to 8th week	Reduction in anxiety and Depression ($p < .05$)	Sertraline, Desvenlafaxine, and Mirtazapine significantly reduced anxiety and depression.
10.	Bahrami et al., (2023)	Depression	Saffron	Corrective Exercises	460 Participants 12 weeks	Corrective exercise with saffron shows a significant difference at $p < .05$	Intervention combining corrective exercises and saffron significantly reduced depression

11.	Lawrence & Lazer (2024)	Anxiety		Bibliotherapy	60 Participants 3 Months	Anxiety scores dropped 27%. Significant association with age, educational status and family type.	Bibliotherapy reduced anxiety and showed significant associations with age, education, and family type.
12.	Malipeddi et al., (2024)	Anxiety, Stress and Depression		Isha Yoga	221 Participants 3-4 days weekly	Significant difference yoga and stress ($p<0.001$) Hedges $g = 0.94$	Isha Yoga practiced 3–4 days weekly significantly reduced stress
13.	Varadharasu, (2024)	Depression		Interpersonal Psychotherapy	300 Participants 4 Months	Reduction of depressive symptoms form ($p<0.001$)	Interpersonal psychotherapy significantly reduced depressive symptoms
14.	Srinivasan et al., (2022)	MDD, GAD, Panic disorder		Collaborative care model (Clinical care+ Community Care)	248 Participants 3, 6 and 12 months	Depression score was around 8.5 at baseline after intervention the score low (5.24, 4.81 and 4.22)	The collaborative care model intervention significantly reduced depression scores
15.	Ghosh et al., (2023)	Depression and Anxiety		Computerized Cognitive Behavioral Therapy (cCBT)	598 Participants	Significantly higher engagement ($p<.01$)	Computerized CBT showed significantly higher engagement in reducing depression and anxiety
16.	Joshi et al., (2022)	Anxiety and Depression		Meditation on Twin Hearts (MTH)	33 Participants	Mediation on twin hearts were significantly improve the signs of mental state ($r = 0.43$ & 0.30 at $p < .05$)	Meditation on Twin Hearts (MTH) showed improvements in mental state with significant reductions in anxiety and depression
17.	Gulfishan et al., (2022)	Depression		Mirtazapine (MZ) and sertraline (ST)	80 Participants 6 weeks	50% Reduction in BDI scores	Mirtazapine and Sertraline over 6 weeks led to a 50% reduction in BDI depression
18.	Parswani et al., (2013)	Anxiety and Depression		MBSR and Health Education Advice	30 Participants 8 Weeks	Significant decline of anxiety ($t = 6.14$, $P < 0.001$) and depressive symptoms ($t = 5.13$, $P < 0.001$)	Positive results with the help of MBRS and health education by reducing anxiety and depression
19.	Kumar et al., (2023)	Anxiety and Depression		Psychological First Aid (PFA)	93 Patients	13%, 25.9% and 8.6% after intervention the reduction are seen as 4.3%, 5.4%, 2.2% ($p>0.001$)	Psychological First Aid significantly reduced anxiety and depression levels
20.	Sharma et al., (2022)	Stress, Anxiety and Depression		Yoga	62 Participants 5-18 days (50 Minutes Session)	Reduce anxiety and depression after Intervention the scores of Depression pre (9.29 ± 3.26) and post (4.58 ± 2.55) and anxiety pre (10.74 ± 4.04) and post (5.23 ± 2.14)	Yoga intervention over 5–18 days significantly reduced depression and anxiety
21.	Mudgalkar et al., (2022)	Anxiety	Clonidine and Gabapentin		75 Participants 30 Days	Anxiety score revealed a 30% reduction in Group A as compared to a 50% anxiety reduction in Group B	Clonidine and Gabapentin over 30 days reduced anxiety
22.	Waikar et al., (2023)	Anxiety and Depression		Electroconvulsive therapy (ECT)	1 Participant Case report 5 to 45 minutes 3 different	Results shows that 25, 30, and 40 percent Increasing energy percentages and symptoms improved by give ECT	Electroconvulsive therapy (ECT) with increasing energy levels led to improved anxiety and depression

					settings		symptoms.
23.	Yatirajula et al., (2022)	Depression and Stigma		Anti-stigma campaign and Electronic decision support system (EDSS) (Mobile Technology)	990 Participants 1:1 Allocation 12 months	Improves the awareness of depression and findings shows 3% of adolescents with depression increased risk of self-harm/suicide	Anti-stigma campaign and EDSS improved depression awareness with 3% of adolescents showing increased risk of self-harm/suicide.
24.	Suhas et al., (2023)	OCD (SRI-resistant OCD)		Deep Transcranial Magnetic Stimulation (Deep TMS)	55 Participants	Deep TMS – 1.95, CBT –1.46, aripiprazole –1.36, Ondansetron –2.01 improve symptoms of ocd and consider four techniques to reduce OCD	Deep TMS, CBT aripiprazole and ondansetron were effective techniques in reducing symptoms of SRI-resistant OCD.
25.	Huddar et al., (2023)	Anxiety		Progressive relaxation technique and Benson's Relaxation Response technique	42 Participants 5-Days	The result shows significant decline in anxiety and fatigue among cancer survivors and the effect Cohen's d is 0.7.	Progressive relaxation and Benson's relaxation technique over 5 days shows significantly reduced anxiety and fatigue among cancer survivors
26.	Singh et al., (2023)	Anxiety and Depression		Tele-yoga	109 Participants 3 Months	Significant improvement in anxiety ($p > 0.0004$), and depression ($p > 0.0004$)	Tele-yoga over 3 months significantly improved anxiety and depression
27.	Parajuli et al., (2022)	Anxiety		Yoga and Physical Activities	99 Participants	Significant ($p < .05$) improvement in SLCT and STAIC-T.	Yoga and physical activities led to significant improvement in anxiety
28.	Pandya, (2021)	Anxiety and ASD		Spiritual posts	137 Participants	Effective for ASD in mitigating parenting stress and anxiousness	Spiritual posts were effective in reducing parenting stress and anxiousness in families
29.	Bhat et al., (2021)	Anxiety, Depression		Yoga	5 Participants Case Series 1 Month	Significant improvement in the post scores on anxiety and depression symptoms.	One month of yoga practice led to significant improvement in depression and anxiety symptoms.
30.	Muddana et al., (2021)	Anxiety		Perioperative Music	165 Participants 10 Minutes	Significant difference between Perioperative (48%) have feeling anxious and in the postoperative period (84%) not at all feels anxious	10-minute perioperative music session significantly reduced anxiety,
31.	Jordans et al., (2020)	Depression		Primary care mental health services and Psychological treatment (Healthy Activity Program (HAP))	209 Participants 12 weeks	The intervention significantly improved depression symptom ratings.	Primary care mental health services with the Healthy Activity Program (HAP) significantly improved depression symptoms
32.	Vellekkatt et al., (2020)	MDD	Vitamin D replacement		46 Participants 12th week	Results shows Adjunctive <u>Vitamin D</u> improve outcomes in major depression.	Adjunctive vitamin D supplementation by the 12th week improved outcomes in major depressive

							disorder.
33.	Padmapriya et al., (2020)	Depression	Sertraline		546 Participants 12th week	Sertraline helps to improve mental capabilities and decrease the levels of depression from severe to mild	Sertraline over 12 weeks improved severe depression to moderate and mild levels.
34.	Thakkar et al., (2021)	Anxiety		Animal-assisted therapy	102 Participants	Reduction in anxiety was highly significant ($p < 0.001$).	Animal-assisted therapy led to a highly significant reduction in anxiety
35.	Mathur et al., (2021)	OCD		MBCT with CBT	60 Participants 1:1 Allocation ratio 12 Weeks	MBCT with CBT responded Significantly greater proportion of patients than to SMT (80% vs. 27%, $P < 0.001$).	MBCT combined with CBT led to a significantly higher response rate in OCD
36.	Nanjundaswamy et al., (2020)	Anxiety-OCD		Cognitive-behaviour therapy (CBT)	78 Participants 2 months post	Significant reduction pre OCD scores [43.67 (23.81)%] and post [2.18 (29.32)%] at ($p < 0.01$)	CBT led to a significant reduction in OCD-related anxiety
37.	Sabherwal et al., (2021)	Anxiety		Hypnosis & Progressive Muscle Relaxation	60 Participants	Significant reduction in anxiety after taking the hypnosis and PMR intervention techniques. Post-extraction in Hypnosis (0.30 ± 0.80), PMR (0.50 ± 0.69) at $p > 0.001^*$	Hypnosis and Progressive Muscle Relaxation led to a statistically significant reduction in anxiety
38.	Dar et al., (2021)	OCD & Depression	Olanzapine, Aripiprazole & L-methyl folate		60 Participants 12 –week	Significant improvement after 6 weeks and showing the difference in both OCD(Olanzapine & Aripiprazole) & Depression (L-methyl folate) at $p < 0.001$	Olanzapine and Aripiprazole improved OCD, while L-methyl folate improved depression over 6 weeks
39.	Mishra et al., (2025)	Depression		Counseling sessions	75 Participants 6 weeks	Significant improvement in medication adherence adding with counseling sessions, with a Mean increase of 1.67 ± 0.25 ($p < 0.001$), compared with a mean increase of 0.69 ± 0.05 ($p < 0.05$)	Counseling sessions with medication adherence helps decrease depression and improve HRQoL
40.	Gurram et al., (2021)	Anxiety		Heartfulness meditation	34 Participants	Significant difference shows in anxiety scores in experiment group as compared to the control group at $p < 0.002$	Heartfulness meditation significantly reduced anxiety
41.	Naslund et al., (2021)	Depression		Healthy Activity Program (HAP), digital training (DGT); individualized coaching support (ICS) and conventional face-to-face training (F2F).	336 Participants	Participants showed greater improvement in Face-to-face with DGT as compared to DGT alone at $p < 0.001$	Face-to-face and individualized coaching support led to greater improvement in depression compared to digital training alone
42.	Raj et al., (2019)	Depression		Cognitive behaviour therapy	30 Participants	Comparison (t-scores) between pre and post scores shows significant difference at $p > 0.001$	Cognitive Behaviour Therapy showed a significant reduction in depression
43.	Gowda et al., (2019)	OCD	Ttranscranial direct current stimulation (tDCS)		25 Participants 20 minutes 5 Days	Significantly greater reduction in OCD at $p = 0.04$. ($\eta^2 = 0.18$)	Transcranial direct current stimulation (tDCS) over 5 days significantly reduced OCD

							symptoms
44.	Verma et al., (2018)	OCD	tDCS		1 Case multiple sessions	tDCS is a useful Neuromodulation technique to manage OCD Symptoms	tDCS was found to be a useful neuromodulation approach for managing OCD symptoms.
45.	Indu et al., (2018)	Depression		Community based Depression Intervention Programme (ComDIP)	422 Participants 8 Weeks	Significant reduction in severity of depression. The Mean HAM-D is 29.2 (5.8) and 12.2 (2.3).	The ComDIP program over 8 weeks significantly reduced depression severity
46.	John et al., (2018)	Anxiety		Activity based group therapy	17 Participants 2-4 Weeks	Significant reduction in the post-test anxiety scores at $p < .009$	Activity-based group therapy over 4 weeks significantly reduced anxiety scores
47.	Gaigg et al., (2020)	Anxiety		Self-guided mindfulness and cognitive behavioural practices	35 Participants 3-6 Months	Significant decreases in anxiety were seen at $p < .001$. (Cohen's $d = 0.76$)	Self-guided mindfulness and CBT practices over 3–6 months significantly reduced anxiety
48.	Valsaraj et al., (2016)	Anxiety and Depression		Cognitive Behaviour Therapy	150 Participants 10 weekly	Cognitive behaviour therapy as intervention shows significant decrease of Mean Anxiety ($F=76.739$, $p=0.001$) and Depression ($F=57.326$, $p=0.001$) scores.	CBT can be effectively utilized for people undergoing hemodialysis to control their negative thoughts and reducing anxiety and depression.
49.	Singh et al., (2019a)	OCD	rTMS therapy		79 Participants 20 Sessions	Significant decrease OCD score from baseline to end of treatment (7.68 ± 5.62 ; $t = 12.14$, $p < 0.001$).	rTMS therapy over 20 sessions significantly reduced OCD
50.	Srivastava et al., (2020)	Depression		Cognitive behavior therapies (CBTs) & Computer-assisted cognitive behavior therapy	79 Participants 12 Weeks	CBT treatment produced more than 50 % reduction in symptom severity	CBT and computer-assisted CBT over 12 weeks led to more than 50% reduction in depression symptom severity.
51.	Chandran et al., (2019)	Anxiety		Mindfulness-based stress reduction (MBSR)	60 Participants	MBSR showed a greater decrease in the levels of depression ($p < 0.001$)	Mindfulness-Based Stress Reduction (MBSR) significantly decreased depression levels
52.	Pressy Dallia et al., (2019)	Anxiety, Depression & Stress		Emotional regulation training	60 Participants 14 Days	Results shows significant mean difference scores of depression, anxiety, and stress at $p < 0.001$ between the pre and posttest.	Emotional regulation training over 14 days significantly reduced depression, anxiety, and stress
53.	Pillai et al., (2021)	Depression	Antidepressants		132 Participants 2,6,8 Months	47% of patients adhered to antidepressant treatment for one month or more shows significantly better among older adults (3.92 ; 95% CI $1.70-8.93$) and those who received antidepressant as part of the CSC treatment model (OR 6.10 95% CI $3.67-10.14$)	Antidepressants are proven to be an effective treatment option for managing depression.

54.	Sinha et al., (2019)	Depression		Electroconvulsive therapy	17 Participants 5-11 Sessions	Significantly increased γ and σ despite significant increase in λ in several brain regions	Electroconvulsive therapy significantly increased γ and σ activity despite a rise in λ across several brain regions, indicating therapeutic effects in depression
55.	Shetty et al., (2020)	Anxiety		Mindfulness Based Cognitive Therapy (MBCT-C)	52 Participants 12 weeks	The results of MBCT-C shows significant results and more effective than GT in improving anxiety. (Cohen's d 1.05)	Mindfulness-Based Cognitive Therapy for Children (MBCT-C) was more effective than group therapy in reducing anxiety
56.	Hegde et al., (2016)	OCD		Repetitive Transcranial Magnetic Stimulation (RTMS)	17 Participants 1 Month	Low-frequency rTMS (1 Hz rTMS) over the pre-SMA may be effective in treatment refractory OCD.	Low-frequency rTMS (1 Hz) effective in treating refractory OCD
57.	Mandal et al., (2019)	Depression	Ketamine		25 Participants 4-12 weeks	Ketamine shows the significant reduction in mean scores after 1st dose ($p < 0.01$). Similarly at end of second (2) weeks ($p < 0.001$) and after 1 month during follow-up ($p < 0.001$).	Ketamine is most effective medicine and rapid effect on depression has been seen.
58.	(Rutrick et al., 2017)	(SSRIs) OCD		Mavoglurant (modified release) /Augmentation therapy	50 Participants 17 weeks	No significant difference in Y-BOCS total score for Mavoglurant compared with placebo groups [-6.9 (1.75) vs. -8.0 (1.78), respectively; LS mean difference 1.1; 95% CI -3.9 , 6.2; $p = 0.671$].	Mavoglurant augmentation therapy over 17 weeks showed no significant difference in OCD symptoms compared to placebo
59.	Pandya, (2018)	Anxiety		Spiritual Counseling Program (SCP)	123 Participants	Voluntarily attended in SCP rounds show more effective results in anxiety as compared to prescribed and other who are regularly self-practiced show low anxiety symptoms after post-treatment.	Spiritual Counseling Program (SCP) and practiced regularly showed reduced anxiety symptoms post-treatment.
60.	Rao et al., (2015)	Depression		Yoga	98 Participants	Yoga as a intervention showed a decline in depression score before ($F(57) = 6.02$, $P = .02$), and after ($F(57) = 10.90$, $p = .002$)	Yoga decreases the depression among the cancer patients
61.	Weobong et al.,(2017)	Depression		Healthy Activity Programme and Brief Psychological Treatment	495 Participants 3-12 Months	HAP intervention results on depression score shows significant decline ($\beta = -2.62$; 95% CI -3.28 , -1.97 ; $p < 0.001$).	Healthy Activity Programme significantly reduced depression scores at 12 months
62.	Trevizol et al., (2016)	Obsessive-Compulsive Disorder		Transcranial Magnetic Stimulation	1 Case 30 days	The results of Comparing active versus sham TMS, active stimulation shows the significantly superior for OCD symptoms (Hedges $g = 0.45$)	Active transcranial magnetic stimulation was significantly more effective than sham stimulation in

							reducing OCD symptoms
63.	Patel et al., (2017)	Depression		Healthy Activity Program (HAP)	495 Participants 3 Months	HAP had significantly lower Depression symptoms HAP (M=19.99, SD 15.70) vs. (M=27.52, SD, 13.26)	Healthy Activity Program (HAP) significantly reduced depression symptoms
64.	Baruah et al., (2018)	OCD		Brief family-based intervention	64 6-sessions 1-3 Months	BFBI group responded better than the RE group (53% vs. 12%, $p < 0.001$).	Brief Family-Based Intervention (BFBI) group showed significantly better OCD outcomes than the RE group
65.	Kumar & Gupta, (2015)	Depression		Psycho-education group intervention (PGI)	80 Participants 2,4,8, 12 weeks	The results show the combination of structured psycho-education and pharmacotherapy is an effective intervention for the treatment of depressive disorders. The respective mean changes are 15.08, 22, and 60 over 12 weeks to -8.77, 18.1, and 43.25.	Structured psycho-education with pharmacotherapy effectively reduced depression
66.	Andrade et al., (2016)	Post-Traumatic Stress Disorder (PTSD)		Electroconvulsive therapy (ECT)		CT to impair reconsolidation of reactivated, emotionally-aversive test memories.	Electroconvulsive therapy (ECT) may help in PTSD by impairing the reconsolidation of reactivated, emotionally aversive memories.
67.	Sarkhel et al., (2010)	Depression and OCD	rTMS		42 Participants 10 Sessions	Results shows Significant effect of treatment over time as shown by interaction effect for both Depression ($\eta^2 = .158$) and anxiety (OCD) ($\eta^2 = .211$)	rTMS showed significant treatment effects over time for both depression and anxiety
68.	Agarwal et al., (2005)	Anxiety		Acupressure	76 Participants 10-40 Minutes	Acupressure significantly reduce anxiety -control groups when compared to their respective baseline values: 5 (1) vs. 8 (1) in the acupressure and 7 (0) vs. 8 (1) in the control groups ($p < 0.001$)	10-minute acupressure session significantly reduced anxiety
69.	Sanmukhani et al., (2014)	Depression	Curcumin and Fluoxetine		60 Participants 4 Weeks	The medications was tolerated and the percentage scores were Fluoxetine (64.7%) and Curcumin (62.5%)	The medication has well effect on anxiety and depression.
70.	Anand et al., (2011)	OCD		Cognitive Behavioral Therapy	31 Participants (20-25 Session) 3 Months	CBT as intervention helps to improve Quality of homework compliance and decrease the Y-BOCS severity (Y-BOCS < 16) to CBT	Cognitive Behavioral Therapy led to OCD remission
71.	Tubaki et al., (2012)	Anxiety	Manasamitra Vataka (an Ayurveda medication)		72 Participants 15 and 30 days	Ayurveda medication as intervention significant improve the results of anxiety. In which 15th and 30thday of interventions was observed HARS(F(2,124) = 698.82, $p < 0.001$)	Manasamitra Vataka significantly reduced anxiety levels
72.	Liebowitz et al., (2009)	MDD	Ziprasidone		30	Significant improvement was seen In MDD	Ziprasidone, titrated from 20

					Participants 20 mg bid and raised step wise to 60 mg bid		mg to 60 mg twice daily, led to significant improvement in major depressive disorder
73.	Ray et al., (2011)	Depression		Repetitive transcranial magnetic stimulation (rTMS)	45 Participants 10 Days	Significant effect of treatment over time at $p < .001$, $\eta^2 = .60$	rTMS over 10 days significantly improved depression symptoms
74.	Manjula et al., (2014)	Anxiety (Panic Disorder)		Cognitive Behaviour Therapy	30 Participants 4-5 Weeks	Significant improvement in cognitive domains was observed following the implementation of exposure and cognitive restructuring techniques in the CBT group.	CBT over 4–5 weeks led to significant improvements in anxiety (Panic Disorders)
75.	Praharaj et al., (2009)	Bipolar mania		Repetitive transcranial magnetic stimulation (rTMS)	41 Participants 10 Days	rTMS showed a significant interaction effect of treatment over time ($F=5.34$, $df=1.36/53.01$, $p=0.016$).	rTMS over 10 days showed a significant treatment effect over time in bipolar mania
76.	Maity et al., (2014)	Anxiety & Depression	Desvenlafaxine & Escitalopram		90 Participants 8 Weeks	Responder rates were higher with escitalopram than desvenlafaxine for both HAM-A (76.92% vs. 71.05%) and HAM-D (79.48% vs. 73.68%), but the differences were not significant ($p = 0.59$; $p = 0.61$).	desvenlafaxine and escitalopram both improved anxiety and depression but not escitalopram
77.	Satyapriya et al., (2013)	Anxiety and Depression		Yoga	51 Participants 20 to 36 weeks	Depression scores decreased by 30.67% and anxiety scores by 29.12% in the yoga group (both $p < .001$).	Effect of integrated yoga on anxiety and depression.
78.	Narayanawamy et al., (2014)	Unipolar and Bipolar Depression		Electroconvulsive therapy	150 Participants	No significant difference in between bipolar and unipolar treatment efficacy with ECT (Mean = 46.9 and 46.7, $t = -0.06$, $p = 0.94$)	No significant difference in treatment efficacy of ect between unipolar and bipolar depression
79.	Pinto et al., (2007)	Depression	Escitalopram		119 Participants 8 weeks Escitalopram 10 to 20 mg daily	By week 8, 76.9% of patients showed a treatment response, with $\geq 50\%$ reduction in depression symptoms.	Results showed $\geq 50\%$ reduction in depression symptoms after 8 weeks of escitalopram (10–20 mg/day).
80.	Singh et al., (2019b)	Anxiety		Music therapy & Progressive muscle relaxation (PMR)	72 Participants 0-80 beats per minute for 30 minutes	Music and PMR are effective in reducing anxiety pre ($F = 62.621$, $p = 0.000$) post ($F = 6.024$, $p = 0.003$)	Music therapy and progressive muscle relaxation significantly reduced anxiety levels
81.	Tekur et al., (2012)	Anxiety & Depression		Yoga and Physical Exercise program	80 Participants 7 Days	Results shows significant decrease in Anxiety 20.4% ($p < 0.001$, $ES = 0.72$) and depression 47% ($p < 0.001$, $ES = 0.96$.)	Yoga and physical exercise program reduces anxiety, depression and pain and increase spin mobility

The *Table 3.1* presents a comprehensive systematic analysis of 81 studies that examined a wide range of interventions for treating anxiety and

depression disorders. These interventions include both pharmacological and non-pharmacological approaches, implemented across varying durations (from minutes, weeks

to several months). The data compiled provides information on disorder types, treatment methods (e.g., medications, therapies, or combined models), treatment durations, statistical outcomes, and summarized effects. The studies span diverse methodologies, populations, and cultural contexts, offering a global perspective on effective mental health treatment strategies.

Non-pharmacological therapies like yoga, cognitive-behavioral therapy (CBT), mindfulness-based interventions, and psycho-education, bibliotherapy, and relaxation techniques consistently demonstrated significant reductions in anxiety and depression symptoms. For example, interventions such as Isha Yoga, Anapanasati Meditation, and Heartfulness Meditation significantly reduced stress, anxiety, and depressive symptoms with robust effect sizes. Psychotherapeutic techniques like CBT, Interpersonal Psychotherapy, and Emotional Regulation Training also showed strong statistical support for reducing mental health symptoms. Moreover, several spiritual and culturally adapted interventions such as Quranic recitation, Islamic psycho-spiritual therapy, and spiritual counseling demonstrated effectiveness, indicating the relevance of

culturally sensitive approaches in mental health care.

Pharmacological treatments, including selective serotonin reuptake inhibitors (SSRIs) like Escitalopram, Sertraline, Desvenlafaxine, and Mirtazapine, also proved effective in reducing major depressive disorder (MDD) and obsessive-compulsive disorder (OCD) symptoms. Advanced neuromodulation therapies such as repetitive transcranial magnetic stimulation (rTMS), transcranial direct current stimulation (tDCS), and electroconvulsive therapy (ECT) were shown to be beneficial in treatment-resistant cases, especially for OCD and bipolar disorder. Additionally, integrative approaches combining medications with therapy (e.g., saffron with corrective exercises, collaborative care models) further enhanced treatment outcomes. Overall, this analysis highlights that multimodal, culturally tailored, and evidence-based treatments can substantially alleviate the burden of anxiety and depression.

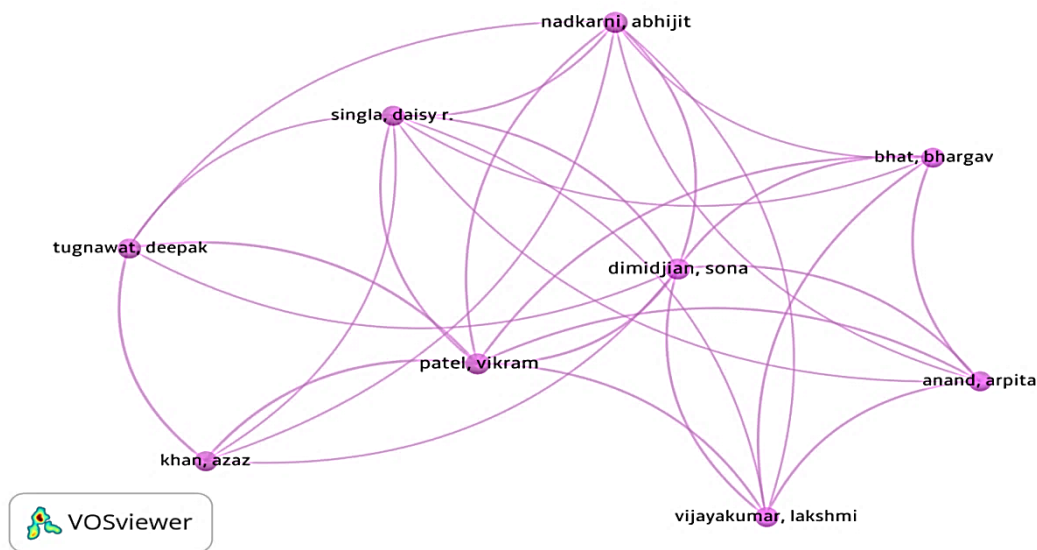


Figure 3.1: Bibliometric Analysis of Co-authorship by Network Visualization

Figure 3.1 shows a network visualization of a bibliometric analysis of co-authorship, created using VOSviewer with the full counting method. A total of 9 co-authors were identified and 29 publications related to co-authorship were found. These co-authors are related to different mental health intuitions in India. In the present review their work is much more aliened and focus on randomized control trial design and some are belonging from the same region. Further, the total link strength of co-occurrence is 259 see table below.

Table 3.2			
<i>List of Co-Authors Link Strength, Affiliation and Region</i>			
Author	Documents	Total link strength	Affiliations and region
Vijayakumar, Lakshmi	2	26	SENHA, Chennai
Bhat, Bhargav	3	28	NIMHANS, Bangalore
Dimidjian, Sona	3	34	Centre for Global Mental Health, Goa
Katti, Basavraj	4	26	Sangath Centre, Goa
Khan, Azaz	2	25	Sangath Mental Health Care, Bhopal
Anand, N	4	26	NIMHANS, Bangalore
Nadkarni, Abhijit	3	23	Centre for Global Mental Health, Goa
Patel, Vikram	5	37	Global Mental Health
Singla, D	2	23	AIIMS, Delhi
Tugnawat, Deepak	2	11	Sangath, Madhya Pradesh

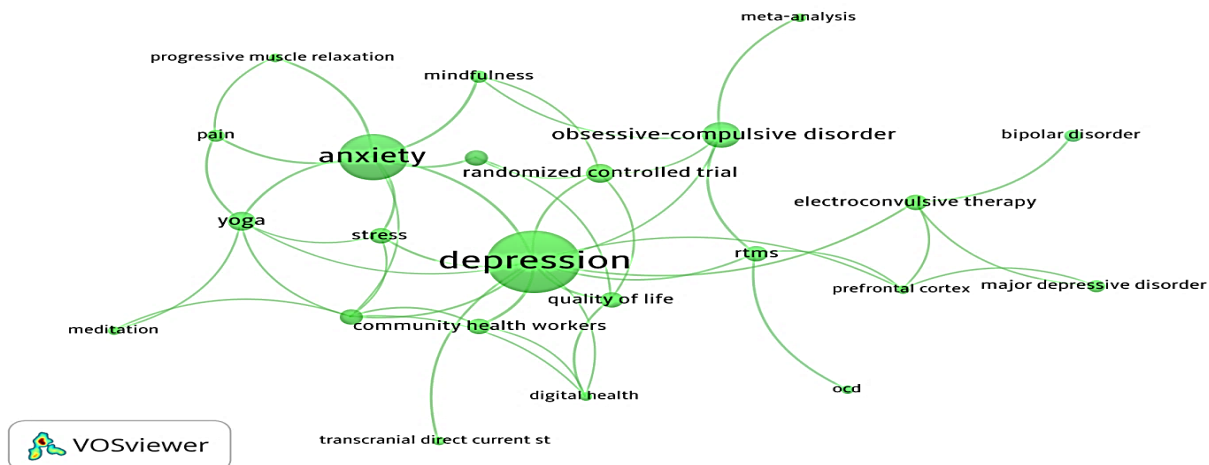


Figure 3.2: Key word Co-occurrence by Network Visualization

Figure 3.2 shows the results of a keyword co-occurrence to identify most frequent words occurs in the studies. The Keyword Network visualization was conducted on 81 papers through VOSviewer and results display with network visualization technique. Further, the key keywords with a frequency greater than or equal to 8 were selected for visualization therefore, in figure the bigger point represent more frequently occurring keywords as compared to small one. Commonly appearing terms such as *Depression*, *Anxiety*, *Yoga*, *Stress*, *Mental Health*, *Electroconvulsive therapy*, and *Meditation* highlight the key words of research focus in this domain. This mapping provides an overview of the field's central themes. Further, to offer a clearer understanding, table 3.3 below lists the high-frequency keywords with a frequency greater than 8. The total number of keyword occurrence is 258 and total link strength is 374 respectively.

Table 3.3		
<i>List of Key Words that Mostly Occur in 81 Publications</i>		
Keyword	Occur nces	Total link strength
Anxiety	38	55
Bipolar Disorder	13	17
Community Health Workers	9	11
Depression	45	63
Digital Health	8	12
Electroconvulsive Therapy	11	15
Heart Rate	9	6
Major Depression	8	11
Meditation	8	12
Mental Health	11	15
Mindfulness	6	8
Obsessive Compulsive Disorder	7	9
OCD	9	12
Pain	9	14
Prefrontal Cortex	8	13
Progressive Muscle Relaxation	8	13
Quality Of Life	4	7
Randomized Controlled Trial	9	14
Rtms	8	16
Stress	13	18
Trans cranial Direct Current Stimulation	8	16
Yoga	9	17

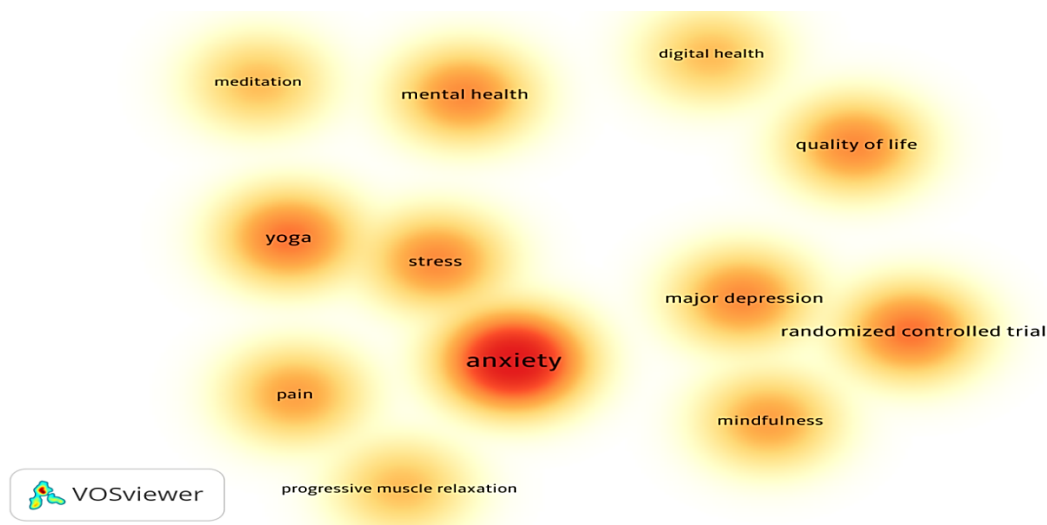


Figure 3.3: Bibliometric Analysis of Title and Abstract by Density Visualization

Figure 3.2 shows the results of title and abstract co-occurrence to identify most frequent words occurs in the studies. Therefore, Keyword density mapping was conducted on 81 papers through VOSviewer and results display with density visualization technique. Further, the keywords with a frequency greater than or equal to 5 were selected for visualization therefore, in figure the higher brightness represent more frequently occurring keywords in abstract and title. Commonly appearing terms such as *Anxiety*, *stress*, *Yoga*, *Major depression*, *randomization control trial*, *stress*, *quality of life*, *digital health*, *mediation*, *progressive muscle relaxation*, and *mindfulness* are highlight the key words in title and abstract of research focus in this domain. This mapping provides an overview of the field's central themes. Further, to offer a clearer understanding, table 3.4 below lists the high-frequency keywords with a frequency greater than 5. The total number of keyword occurrence is 104 and total link strength is 167 respectively.

Table 3.4		
<i>List of Key words that Mostly Occur in Title and Abstract</i>		
Keyword	Occurrences	Total Link Strength
Digital Health	5	9
Anxiety	17	21
Progressive Muscle Relaxation	6	13
Major Depression	9	15
Meditation	6	11
Yoga	11	16
Mental Health	10	14
Mindfulness	7	11
Pain	5	8
Quality of Life	7	12
Randomized Controlled Trial	9	18
Stress	12	19

4. Discussion

The systematic analysis of 81 intervention studies reveals a diverse and evolving landscape of mental health treatments targeting anxiety and depression disorders.

Both pharmacological and non-pharmacological interventions demonstrate notable efficacy, underscoring the importance of a multimodal and culturally responsive approach to treatment.

Non-pharmacological therapies consistently yielded positive outcomes. Interventions such as yoga, mindfulness practices, and relaxation techniques significantly reduced psychological distress across different populations ([Taylor et al., 2020](#); [Hamdani et al., 2022](#)). Mindfulness based therapies like anapanasati and heartfulness meditation showed statistically robust effects, aligning with previous evidence supporting their role in stress reduction and emotional regulation ([Nazaraghaei & Bhat, 2020](#)). Cognitive-behavioral therapy (CBT), a gold-standard psychotherapeutic approach, was widely validated across the reviewed studies for both depression and anxiety disorders ([Janardhan Reddy et al., 2020](#); [Alavi et al., 2021](#)). Similarly, interpersonal psychotherapy and emotion regulation training were also effective, particularly among adolescents and patients with comorbid conditions.

The inclusion of culturally adapted and spiritual interventions such as Quranic recitation and Islamic psycho-spiritual therapy adds a unique dimension to mental health care ([Rassool, 2024](#)). These approaches demonstrated clinical effectiveness, emphasizing the role of culturally grounded treatments in improving mental health

outcomes, especially in non-western populations ([Adebayo et al., 2024](#)).

Pharmacological treatments, especially selective serotonin reuptake inhibitors (SSRIS) like escitalopram, sertraline, and desvenlafaxine, were effective in reducing symptoms of major depressive disorder (MDD) and obsessive-compulsive disorder (OCD). These findings support their established role in psychiatric treatment protocols ([Laux, 2021](#)). In treatment-resistant cases, advanced neuromodulation techniques such as repetitive transcranial magnetic stimulation (rTMS), transcranial direct current stimulation (tDCS), and electroconvulsive therapy (ECT) were reported to be beneficial, reflecting global clinical trends ([Vlaicu & Bustuchina Vlaicu, 2020](#)).

Importantly, several studies demonstrated the superior effectiveness of integrative models that combined pharmacological and psychotherapeutic interventions. For instance, collaborative care frameworks and interventions such as saffron supplementation paired with corrective exercises resulted in enhanced treatment efficacy, reflecting the growing value of holistic care models ([Wachtel, 2018](#)). In conclusion, the review highlights that both conventional and alternative interventions can be highly effective when tailored to individual and cultural needs. The integration of evidence-based practices with culturally sensitive models appears to be a promising strategy for addressing the global mental health burden.

Further, the bibliometric analyses provide deeper insights into collaboration patterns and key thematic areas in the treatment of anxiety and depression. The analysis indicates strong collaborative efforts within specific groups of researchers, reflecting a growing scholarly community focused on mental health interventions. Such collaboration suggests shared expertise and a collective aim to strengthen evidence-based practices. Further the bibliometric results uncover research trends through keyword and text co-occurrence. These patterns emphasize a strong focus on integrative and holistic treatments, indicating that research in this area is both thematically rich and methodologically diverse.

4.1 Limitations

Despite these contributions, the study had certain limitations. *Firstly* due to limited accessibility and resources, the present review focused exclusively on Scopus database indexed journals. *Secondly* it included only intervention-based journal articles, excluding other valuable publication types such as reviews, book chapters, and conference proceedings. *Thirdly* the study categorized Obsessive-Compulsive Disorder (OCD) and Post-Traumatic Stress Disorder (PTSD) under anxiety disorders based on DSM-IV-TR, which may differ from current DSM-5 classifications.

4.2 Future Directions

Based on the findings and limitations of the current review, several avenues for future research can be proposed to strengthen the evidence base and enhance the applicability of interventions. *Firstly* future studies should incorporate widely used databases such as PubMed, Web of Science and Google Scholar to ensure a more comprehensive and diverse dataset. *Secondly* including other sources such as book chapters, systematic reviews, and conference proceedings would offer a broader and more nuanced understanding of intervention trends and research developments. *Thirdly* future research should align with the DSM-5 classification that recognizes OCD and PTSD as distinct categories namely, obsessive-compulsive and related disorders, and trauma- and stressor-related disorders, respectively to ensure conceptual clarity and diagnostic accuracy. *Lastly* further explorations are needed to evaluate the comparative risks, economic costs, long-term effects, and differential effectiveness of various treatment approaches, including pharmacological, non-pharmacological, and integrative models, to guide personalized and cost-effective mental health care.

4.3 Conclusion

The results clearly demonstrate that both standalone and combined treatments yield significant positive outcomes, leading to marked improvements in patients with anxiety and depression. Among medications, selective

serotonin reuptake inhibitors (SSRIs) such as Fluoxetine, Sertraline, and Escitalopram were identified as highly effective for regulating mood and reducing symptoms in both conditions. Additionally, Mindfulness-Based Cognitive Therapy (MBCT), which integrates cognitive therapy with mindfulness techniques, was found to effectively reduce anxiety levels and prevent relapse in individuals with recurrent depression.

The study also examined trends in anxiety and depression research publications from 2000 to 2025. Findings indicate an exponential increase in intervention-based publications, particularly after 2010, reflecting growing academic and clinical focus on these disorders. Bibliometric analysis further revealed patterns in author co-occurrence, keyword co-occurrence, and title and abstract co-occurrence, offering valuable insights into collaboration networks and thematic research areas.

5. Disclosure Statements

Ethics

The data were handled responsibly, and ethical guidelines for academic research and reporting were strictly followed.

Ethical approval and consent to participate

Ethical approval and informed consent were not applicable to this study, as no human participants, animals, or personal data were involved.

Availability of data and materials

The key terms and relevant methodological details used in this study are provided within the manuscript. The Scopus data files used for analysis can be made available by the corresponding author upon reasonable request for legitimate research purposes.

Conflict of interest

No potential conflict of interest is reported by the authors.

Authors Contribution

- I. Aakib Rahman Parray: Data extraction, Data analysis, Result and Discussion
- II. Khashiya Binte Mujeeb: Introduction and Bibliometric analysis.

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Statement of Derivation

This study is not derived from, related to, or conducted as part of any academic thesis, dissertation, or degree requirement. The study was independently conceived and conducted by the authors.

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