FEATURES | FEATURE

Leaning more towards nutraceuticals than therapy

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By **Mansi Jamsudkar** | December 3, 2025



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The global mental-health crisis has quietly morphed into a retail phenomenon. What was once the guarded domain of psychiatrists and psychologists now spills onto pharmacy shelves, Instagram storefronts, and wellness apps promising calm, clarity, and chemical balance in a capsule. Urban consumers in Mumbai, Singapore, Los Angeles, and Dubai—time-poor, emotionally overstretched, and fatigued by work—are increasingly drawn to nutraceuticals marketed as "therapeutic-lite" substitutes for psychotherapy and antidepressants. From ashwagandha lattes to saffron mood gummies and clinically styled nootropic stacks, the marketplace is attempting to package mental wellness in forms that feel accessible, stigma-free, and fast. Let's explore further.

Typically, modern life—compressed schedules, sedentary work, chronic diseases, and widespread nutritional gaps—has intensified the need for personalised nutrition. Obesity, diabetes, hypertension, allergies, cardiovascular disease, and cancer are now part of everyday health ecosystems. Mental well-being itself is recognised as a fundamental human right, yet the brain's biological demands remain immense. Despite comprising only 2 per cent of body weight, it consumes up to 30 per cent of daily energy, relying on a steady flow of carbohydrates, proteins, fats, vitamins, and minerals.

"The pressure and pace of modern times have made stress and emotional exhaustion a serious concern. According to a IPSOS Global Survey on World Mental Health Day 2024, 1 in 2 urban Indians (53 per cent) say they have experienced stress to the extent that it impacted their daily life in the last one year ,'' observed Kratika Gupta, Senior Vice President and Head of Global Marketing, OmniActive Health Technologies Ltd. "This is where nutraceuticals can make a meaningful difference, not as replacements for medical care, but as practical, everyday tools that help people cope better. From ingredients that support calmer stress responses to formulations enhancing focus, sleep quality, and mood balance, the progress we are witnessing within our industry is remarkable. Adaptogens, gut–brain axis research, and clinically studied targeted bioactives have opened new pathways for preventive wellbeing that simply didn't exist a decade ago. But none of this matters if the science isn't solid", she added.

In this context, nutraceuticals—foods or bioactive components delivering benefits beyond basic nutrition—have surged into mainstream consciousness. As chronic diseases linked to nutritional deficiencies rise, these hybrid “food-plus-medicine” products are marketed as bridges between lifestyle gaps and optimal health. Diets rich in fibres, phytochemicals, and short-chain omega-3 fatty acids correlate with improved mental outcomes, and many of these bioactives have been commercialised as pills, powders, tinctures, and gels, promising immune support, gut modulation, emotional resilience, and slowed aging.

But their ascent is driven less by science than by a widening void in mental-health infrastructure. India faces an 85 per cent psychiatrist deficit. Entire U.S. counties have no mental-health providers. Even Singapore reports post-pandemic spikes in anxiety that strain its system. In this environment, supplements have become a “first resort,” accelerated by cultural stigma that makes nutraceuticals feel like proactive lifestyle choices rather than admissions of vulnerability.

In a world where the mind is under siege and healthcare cannot keep pace, nutraceuticals have become both symbol and symptom—attempts to fill gaps that medicine, society, and modern living have collectively left open.

Wellness–Psychiatry Blur

A new wave of mental-wellness brands is rewriting how societies think about psychological care. No longer presenting their products as simple adjuncts to therapy, many now position them as quasi-alternatives to psychiatry. Their language—“clinically validated calm,” “natural antidepressant effect,” “cognitive rebalancing”—borrows the authority of medical science while skirting explicit therapeutic claims. The implication is clear: the right mix of botanicals or micronutrients might replace weeks of therapy or a prescription for SSRIs.

Some ingredients do show early promise. Magnesium glycinate can support sleep-linked nervous-system regulation; saffron extract has shown benefits in mild depressive symptoms; L-theanine can ease acute stress; and omega-3 DHA supports neuronal health. But only a few nutraceuticals approach the efficacy required for generalised anxiety disorder, major depression, or chronic stress. The distance between preliminary findings and psychiatric-grade treatment is vast—yet marketing blurs that line so effectively that many consumers now believe

mental relief can be purchased straight off a wellness shelf.

This ambiguity thrives within regulatory gaps. India's FSSAI distinguishes nutraceuticals from drugs but still permits "therapeutic-soft" phrasing. The U.S. DSHEA framework allows brands to imply psychological impact as long as disclaimers are attached. Singapore's tighter controls are weakened by cross-border e-commerce. Regulators police disease claims, but "emotional well-being" remains a permissive grey zone that brands exploit with precision.

Scientific uncertainty further muddies the landscape. Studies are often small, short-term, and industry-funded. Companies extrapolate single-extract data to multi-ingredient blends with inconsistent standardisation. Potency varies wildly—even saffron's effects depend on crocin and safranal levels that are rarely disclosed. When combined with strong placebo effects and a cultural belief that "natural" equals "effective," scrutiny erodes.

Together, medicalised marketing, permissive regulation, uneven science, and powerful consumer psychology have created a marketplace of layered ambiguity—a widening fault line at the centre of today's mental-wellness economy.

Hidden Costs of Self-Treating the Mind

Behind glossy marketing lies an underexamined cost of the mental-wellness supplement boom: the quiet financial and emotional drain on consumers. A person battling anxiety but hesitant to seek psychiatric help may spend Rs 1,000 – Rs 3,000 a month on adaptogens, nootropics, and sleep aids—small recurring payments that accumulate into what economists increasingly call "hope expenditures." These are purchases driven less by evidence than by aspiration: The belief that a capsule might deliver calm, clarity, or stability when clinical care feels out of reach. The return, however, is inconsistent at best and illusory at worst.

The macro picture is equally revealing. The U.S. wellness-supplements market now exceeds $54 billion, and India's mood-and-cognition niche is growing at a robust double-digit CAGR. For companies, this is a stress-economy gold rush fuelled by urban burnout and gaps in mental-health access. For consumers, it often becomes an expensive detour that delays appropriate intervention. Anxiety and depression rarely remain static; untreated, they compound. What could have been a short-term condition manageable with counselling can harden into a chronic,

treatment-intensive struggle. The hidden cost is not only monetary but emotional: each new supplement purchase renews hope, and each unmet expectation deepens frustration, guilt, and helplessness.

“Our goal isn’t merely to manage stress but to help people feel balanced, well-rested, and mentally sharper in their daily lives. We combine Ayurvedic wisdom with modern research on adaptogens such as ashwagandha, jatamansi, and brahmi—formulated for everyday use and standardised for consistency, safety, and trust,” mentioned Dr. R Govindarajan, Chief Innovation Officer, Kapiva. “Every claim must be anchored in evidence, so our R&D prioritises clinical validation, emerging science on the gut–brain axis, and rigorous checks on each ingredient’s efficacy. Above all, we believe preventive mental wellness should be accessible to everyone through products that are safe, effective, and truly easy to use ,” he advocated.

Even where supplements provide benefits—and some do—their mechanisms are narrower than marketing implies. Magnesium aids sleep-related stress but does not treat anxiety disorders. L-theanine induces calm but cannot interrupt clinical panic. Ashwagandha may lower cortisol but has limited impact on trauma-linked anxiety. Omega-3s help chiefly when correcting deficiencies. These are targeted physiological nudges, not psychiatric therapies.

Yet brands seldom articulate such limits. Influenced by social-media protocols, consumers experiment with “stacks”—self-curated blends of adaptogens and amino acids—with safety rarely at issue but self-treatment often misdirected. In this widening psychological gap between distress and diagnosis, consumers carry the burden while brands capture the upside.

Support vs Substitute

The central question in today’s mental-wellness boom is not whether supplements work—some do, but only in narrow, well-defined contexts. The real issue is how they are being framed. A decade ago, the fitness supplement industry surged on hype, minimal scientific validation, and aggressive marketing before sliding into consumer fatigue. Mental-wellness nutraceuticals now stand at a similar tipping point. Their potential is real, but so are the risks of overselling and stretching claims far beyond what evidence can support.

When responsibly formulated and honestly positioned, supplements offer a legitimate entry point for individuals hesitant to seek medical care due to stigma, cost, or fear of medication. They can support sleep hygiene, help modulate everyday stress, and gently reinforce mood stability. But they cannot—and must not—be portrayed as replacements for psychiatric diagnosis, therapy, or medical management. If brands continue blurring this boundary, the industry risks losing credibility as quickly as it builds momentum.

A more transparent, evidence-driven future is both possible and overdue. Companies must disclose standardisation metrics, specify research-matched dosages, and refrain from extrapolating small ingredient-level findings to complex proprietary blends. Regulators need updated frameworks that address influencer marketing, cross-border e-commerce, and emotionally coded claims that evade scrutiny. Healthcare systems, acknowledging consumer demand, should integrate evidence-backed nutraceuticals into primary care as structured adjuncts—not standalone solutions. Also, consumers need clearer, more accessible guidance that distinguishes science from aspiration.

Mental health is too complex to be solved by a capsule. The brands that endure will be those that position supplements as one thread in a broader ecosystem of therapy, community, lifestyle, and clinical care. Whether “mood in a bottle” becomes responsible innovation or another wellness illusion will depend on whether the industry chooses integrity over imagination.

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