

**Review Article**

Nutrient-Based Interventions for Mental Health: A Psychosomatic Medicine Perspective

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ABSTRACT

The psychosomatic paradigm underlines the complex connection between psychological aspects and physical health. The review will discuss the importance of nutrition in this context, paying attention to the effects that certain elements of the diet have on mental health. The most important nutrients are B vitamins (B6, B12, folate), omega-3 fatty acids, magnesium, vitamin D, and amino acids (tryptophan, tyrosine), which are necessary in the synthesis of neurotransmitters, neuroprotection, and in the modulation of stress responses. The lack of these nutrients is linked with the risk of getting depressed, feeling anxious, and being less cognitive. These findings are transforming the field of psychosomatic medicine into the new trends of personalized nutrition, digital health, and psychoneuroimmunology. Yet, there are obstacles to the implementation of holistic nutrition interventions, such as the necessity of mindfulness-based eating interventions, emotion control during dietary counseling, and efficient behavior change models. By managing psychosomatic-related factors with specific nutritional approaches, there is an excellent opportunity for more successful and individualized healthcare, based on the concept that the mind and body are one inseparable organism. These approaches require further research and integration into the systems in order to optimize them.

INTRODUCTION

Psychosomatic medicine deals with the bidirectional interactions that are complex and multifaceted between the psychological states and physical health [1]. The modern medical practice is slowly appreciating the fact that psychosocial influences, such as chronic stress, emotional conditions, and thoughts, play a major role in the emergence, progression, and treatment of somatic diseases [2]. It is a change from a purely disease-based model to a biopsychosocial one [3]. The key element of this strategy is the paradigm of partnership, which transforms

the concept of patients into active partners in their care, thus maximizing engagement and self-management efficacy [4]. The fundamental tenet of psychosomatic medicine is to bring this whole picture into clinical practice, to focus on the evaluation of psychosocial vulnerabilities, and to integrate psychological strategies into prevention and treatment programs [5]. It is an integrated model that is essential in the management of conditions in which mind-body processes are vigorous, like in functional somatic syndromes and chronic illnesses comorbid with



depression or anxiety [6]. In this paradigm, nutrition comes out as one of the most important modifiable factors at the mind-body interface. Eating habits and macronutrients were directly found to impact neurochemistry and systemic inflammation and stress physiology, which in turn impact mental well-being and psychiatric risk. Nonetheless, there is a need to have a unified review utilizing the application of a psychosomatic lens to nutrient-based intervention towards mental health.

This study aims to consider the importance of the main nutrients in mental health based on the concept of psychosomatic medicine, to address the new tendencies in individualized and technology-enhanced interventions, and to describe the practical issues of implementing holistic approaches to nutrition. It is based on this evidence that we would like to point out avenues of more effective, integrated healthcare that can be both psychologically and physiologically concerned with the well-being. Factors of Psychometric Health.

Psychometric Factors of Health

Emotional States: Long-term stress may adversely affect the physical health and predispose to such conditions as cardiovascular disease, immune dysfunction, and gastrointestinal disorders. Depression may result in the loss of individual health, loss of physical activity, unhealthy diet, and even cause other physical symptoms such as chronic pain or physical exhaustion. **Personality Traits:** Neuroticism is linked with bad emotional conditions, e.g., anxiety, depression, and stress. The increased neuroticism will imply an increased risk of mental and physical health issues [7]. Extraversion pertains to good social relationships and physical exercises, which help in enhancing mental and physical wellness. **Cognitive Factors:** The beliefs of the individual regarding his or her health, such as perceived health threatfulness and perceived threat severity, may also affect health-related behavior. **Locus of Control:** It suggests whether one has the belief that his/her health is in his/her control (through behavior) or it is in God's control (through fortune). Individuals who have an internal locus of control are more prone to healthier behaviors. **Psychological Factors:** Self-Esteem and Self-Concept: The beliefs that a person holds about themselves influence his or her emotional well-being and the development of personality. High self-esteem correlates with mental health outcomes, whereas low self-esteem correlates with depression and social estrangement. **Cognitive Biases:** ways of thinking, e.g., optimism or pessimism, are ways of interpreting life events and processes of managing stress. Positive thoughts have been associated with resilience and improved health,

whereas negative patterns of thought may worsen emotional problems [7]. **Behavioral and Lifestyle Choices:** Exercise has a positive effect on mood, stress, and cognitive functioning. Exercise is linked to lower levels of anxiety, depression, and neuroticism. Nutrition and sleep quality affect brain function, mood, and emotional stability. Poor sleep is associated with irritability, cognitive difficulties, and stress sensitivity [8] (Table 1).

Table 1: Psychometric Factors of Health

Psychometric Factors	Function	References
Emotional States	Emotional state refers to an individual's Feelings or mood at a particular point in time.	[8]
Personality Traits	Personality characteristics are relatively stable, consistent, and sustainable internal characteristics derived from the behavioral model. Personal attitude, emotions, and habits.	[8]
Cognitive Factors	Cognitive factors apply to psychological processes and activities related to obtaining, treatment, storage, and use of information.	[9]
Psychological Factors	Psychological factors are functional factors that contribute to the development of personality, the maintenance of health and well-being, and the etiology of mental and psychological disorders. behavioral disorders	[10]
Behavioral and Lifestyle Choices	Lifestyle factors refer to the choices and behaviors people make that can have a significant impact on their overall health and well-being.	[11]

Nutrition Intervention Related to Mental Health

Nutrition plays a critical role in mental health, and nutritional interventions can help manage or improve various mental health conditions. Recent publications are mainly concentrated on physical exercise and mental health, and nutrition and food users are less qualified health care professionals. And also, evaluations can be exposed. Here are some keyways in which specific nutrients, dietary patterns, and targeted nutritional interventions impact mental health.

Vitamins B (B6, B12, Folate): Sources are Leafy greens, legumes, whole grains, eggs, meat, and fortified cereals. **Impact on Mental Health of B vitamins,** particularly B6 (pyridoxine), B12, and folate (B9). They are involved in the production of mood-regulating neurotransmitters such as serotonin, dopamine, and norepinephrine. Low levels of these vitamins have been linked to an increased risk of depression, cognitive decline, and fatigue. This is mainly through the maintenance of neurotransmitter production, protectiveness of neurons against toxins (e.g., by reducing homocysteine), and the general state of cognitive functioning. Thus, a dietary intervention, which implies sufficient consumption of B vitamins in food or

supplements, can potentially decrease the risk of mood disorders and aid cognitive health, especially among such populations as older adults or those with dietary limitations [12].

Omega-3 Fatty Acids: Flax seeds, chia seeds, walnuts, and fish oil supplements are sources of omega-3 fatty acids. Impacts on the mind The omega-3 fatty acids, particularly EPA and DHA, are omega-3 fatty acids that are anti-inflammatory and are imperative to the health of the brain. Research has demonstrated that they can minimize depression and anxiety symptoms, particularly with patients who are severely depressed. They are also able to enhance thinking abilities and avoid neurodegenerative illnesses. Their mode of action involves the regulation of neurotransmitter systems, stress response, and neuroplasticity. Therefore, supplementation of omega-3 or eating more of it is a valuable adjunctive treatment of mood disorders and general brain health [13].

Magnesium: The multi-vegetables, nuts, seeds, whole grains, beans, and dark chocolate are sources of magnesium. The effect on the psychological health of magnesium is associated with brain function and regulates the hypothalamic-pituitary-adrenal (HPA) axis, so the human body's pressure reaction. Magnesium deficiency is associated with increased anxiety, depression, and irritability. Mechanistically, magnesium aids in controlling neurotransmitter release, reducing neuroinflammation, and promoting neuronal plasticity. Consequently, intervention through magnesium supplementation or increasing magnesium-rich foods in the diet may help alleviate symptoms of anxiety, depression, and chronic stress [14].

Vitamin D: Sources include exposure to sunlight, fatty fish, egg yolks, fortified dairy products, and dietary supplements. The effects of vitamin D receptors on mental health are located in areas of the brain that regulate mood and behavior, and deficiency of this vitamin is associated with increased rates of depression, seasonal affective disorder (SAD), and cognitive impairment. Its mechanisms involve promoting neurotransmitter synthesis, reducing neuroinflammation, and protecting against oxidative stress. Intervention with vitamin D supplementation is therefore recommended for individuals with low serum levels, especially in regions with limited sunlight, to help alleviate depressive symptoms and support brain function [15].

Amino Acids (Tryptophan and Tyrosine): Sources are protein -rich foods such as eggs, turkey, chicken, fish, nuts, seeds, and dairy products. The effects on the mental health of amino acids such as tryptophan and tyrosine are precursors for neurotransmitters such as serotonin and dopamine, which are important mood regulators. Low levels of these amino acids can lead to impaired neurotransmitter function and contribute to mood disorders. Intervention for increasing intake of tryptophan and tyrosine through diet or

supplements can help improve the production of serotonin and dopamine, potentially alleviating symptoms of depression and anxiety. Their mechanism is direct: sufficient dietary intake ensures the substrate availability needed for the synthesis of these mood-regulating chemicals. Therefore, a targeted nutritional intervention to increase intake of tryptophan- and tyrosine-rich foods (or specific supplements under guidance) can support the production of serotonin and dopamine, potentially alleviating symptoms of depression and anxiety [16] (Table 2).

Table 2: Vitamins and Minerals RDA

Vitamins/Minerals	RDA	References
B Vitamins (B6, B12, Folate)	The recommended daily allowance of vitamin B12 for adults is 2.4 µg/day.	[17]
Omega-3 Fatty Acids	The National Institutes of Health recommends 1-1.5 grams daily.	[17]
Magnesium	The Recommended Dietary Allowance (RDA) for adults aged 19 to 51 and over is 400 to 420 mg per day for men and 310 to 320 mg for women.	[8]
Vitamin D	Not more than 100 micrograms a day.	[18]

Psychometric Medicine: Emerging Trends and Perspectives

The field of psychometric medicine is changing fast, introducing new devices, technologies, and methods that incorporate psychological testing into mainstream health care. The field is being innovated by emerging trends such as personalized medicine, artificial intelligence (AI), digital health, and psychoneuroimmunology. Specifically, AI and machine learning are becoming more popular to examine complex psychometric data and provide greater accuracy of diagnosis and tailored treatment course of mental diseases. These changes are bound to enhance treatment, prevention, and diagnosis of mental and physical health disorders, and psychometric medicine will be an essential part of contemporary care.

Personalized Medicine: With the use of psychometric tests in conjunction with individualized medical information, providers of healthcare can provide more personalized care to both mental and physical conditions. This has the capability of enhancing the efficacy of treatment in such conditions as depression, anxiety, chronic pain, and cardiovascular disease [19].

Psychometric-Based Prediction Models: They are models that use information on personality tests, cognitive tests, and emotional profiles to forecast the risk of numerous health conditions. Psychometric models may be useful in assisting clinicians to identify patients at high risk of some diseases and customizing preventive interventions. As an example, high levels of stress and anxiety can put a person at higher risk of heart disease, and early interventions must be done by lifestyle change [20] (Figure 1).

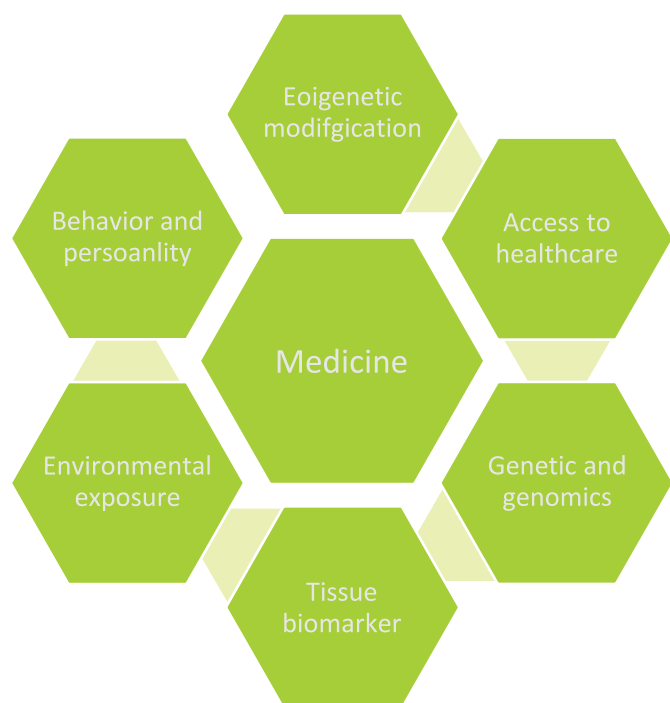


Figure 1: The Role of Psychometric Assessments in Personalized Medicine

Integration with Digital Health and Wearables: The integration of psychometric assessments with digital health tools (e.g., mobile apps, wearables, and telemedicine platforms) is enabling continuous monitoring of mental and physical health. Physiological data (heart rate, sleeping patterns) can be monitored with the help of wearables, whereas psychological (mood, stress, cognitive) data are measured with the help of apps [21] (Figure 2).

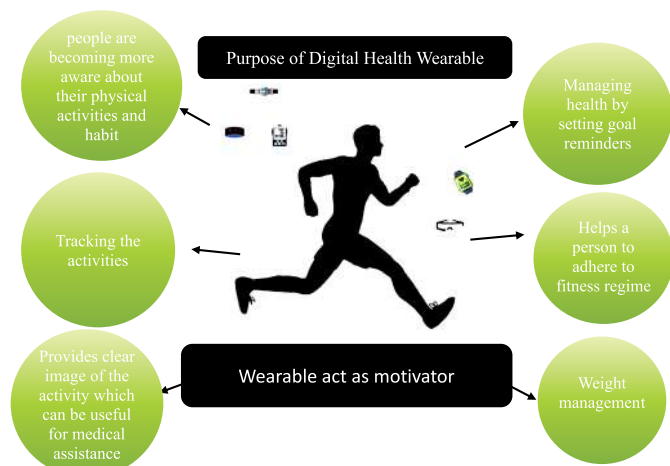


Figure 2: Integration with Digital Health and Wearables

(AI) and Machine Learning

Machine learning and artificial intelligence have been applied to analyze complex data of psychological measurements. The technologies can identify trends in big

collections of data that would otherwise be overlooked by human clinicians and provide a bit of insight into the behavior and cognitive capabilities, as well as the emotional conditions of patients. Psychometric tests that are run using AI can make the diagnosis of mental disorders more precise and effective [12].

Trauma-Informed Care and Psychometrics

Psychometric tests are also finding a place in trauma treatment, where the severe effects of trauma on both mental and physical health are realized. Trauma exposure, PTSD symptoms, and emotional resilience assessment tools are gaining prominence in the healthcare environment [22]. With the help of psychometric instruments to frame psychological factors associated with trauma, healthcare providers could provide more personalized, caring care to trauma survivors. This will assist in avoiding traumatization, as well as facilitating long-term recovery, both physical and psychological.

Fundamental Concept of Psychosomatic Disorder

The primary feature of psychosomatic disorders is the fact that mental factors, including emotional stress, mental health, or personality features, have a rather strong impact on physical health. This may lead to the emergence of physical symptoms with a non-explicit organic etiology or worsening of pre-existing medical issues. [23]. These disorders are widely divided into three groups: (1) psychiatric and medical disorders that complicate each other; (2) mental disorders whose development occurs as a direct effect of a medical diagnosis or treatment (e.g., depression after a cancer diagnosis); and (3) somatoform disorders, in which distress is expressed mainly through physical symptoms [24]. An example is when a patient has unexplained chronic pain or fatigue that is inherently connected to some psychological condition, such as depression or chronic stress [25].

CONCLUSIONS

In conclusion, the incorporation of psychosomatic principles is a key to the development of personalised nutrition. The interdependence of mental health with physical health means that efforts can be made to intervene on the person as a unit. In order to achieve this potential, changes in healthcare systems and sustained research are required to transform this holistic paradigm into a viable practice in the mainstream.

Authors Contribution

Conceptualization: HMJ

Methodology: NK

Formal analysis: UM, YD, MM

Writing and Drafting: NF, LF, YT, A

Review and Editing: HMJ, NK, UM, YD, MM, NF, LF, YT, A

All authors approved the final manuscript and take responsibility for the integrity of the work.

Conflicts of Interest

All the authors declare no conflict of interest.

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REFERENCES

- [1] Yao D and Qin Y, Zhang Y. From Psychosomatic Medicine, Brain-Computer Interface to Brain-Apparatus Communication. *Brain-Apparatus Communication: A Journal of Bacomics*. 2022 Dec; 1(1): 66-88. doi: 10.1080/27706710.2022.2120775.
- [2] Eid M, Abi Kheir V, Bizri M, Larnaout A, El Hayek S. Somatic Symptom and Related Disorders in the Arab World: A Narrative Review of Clinical Features and Care Implications. *Frontiers in Psychiatry*. 2025 Dec; 16: 1692267. doi: 10.3389/fpsyt.2025.1692267.
- [3] Melnik EP, Dorozhenok IY, Kayumova LN, Lomonosov KM. Modern Approaches to the Treatment of Psychosomatic Disorders Associated with Chronic Dermatoses: A Review. *Russian Journal of Skin and Venereal Diseases*. 2025 Sep; 28(4): 391-400. doi: 10.17816/dv677845.
- [4] Karazivan P, Dumez V, Flora L, Pomey MP, Del Grande C, Ghadiri DP et al. The Patient-as-Partner Approach in Health Care: A Conceptual Framework for A Necessary Transition. *Academic Medicine*. 2015 Apr; 90(4): 437-41. doi: 10.1097/ACM.0000000000000603.
- [5] Guerra F. Psychosomatic Insights in Health Management of Chronic Non-Communicable Diseases. *Journal of Psychosomatic Research*. 2022; 152: 110676. doi: 10.1016/j.jpsychores.2021.110676.
- [6] Murray AM, Toussaint A, Althaus A, Löwe B. The Challenge of Diagnosing Non-Specific, Functional, and Somatoform Disorders: A Systematic Review of Barriers to Diagnosis on Primary Care. *Journal of Psychosomatic Research*. 2016 Jan; 80: 1-0. doi: 10.1016/j.jpsychores.2015.11.002.
- [7] Lahey BB. Public Health Significance of Neuroticism. *American Psychologist*. 2009 May; 64(4): 241. doi: 10.1037/a0015309.
- [8] Sejbuk M, Mirończuk-Chodakowska I, Witkowska AM. Sleep Quality: A Narrative Review on Nutrition, Stimulants, and Physical Activity as Important Factors. *Nutrients*. 2022 May; 14(9): 1912. doi: 10.3390/nu14091912.
- [9] Brown L, White LK, Makhoul W, Teferi M, Sheline YI, Balderston NL. Role of The Intraparietal Sulcus (IPS) in Anxiety and Cognition: Opportunities for Intervention for Anxiety-Related Disorders. *International Journal of Clinical and Health Psychology*. 2023 Oct; 23(4): 100385. doi: 10.1016/j.ijchp.2023.100385.
- [10] Wilson KE, Demyanovich H, Rubin LH, Wehring HJ, Kilday C, Kelly DL. Relationship of Interferon- γ to Cognitive Function in Midlife Women with Schizophrenia. *Psychiatric Quarterly*. 2018 Dec; 89(4): 937-46. doi: 10.1007/s11126-018-9591-6.
- [11] Taylor J. Choice Architecture, Nudging, and the Historic Environment: The Subtle Influences of Heritage Through the Lens of Behavioural Science. *International Journal of Heritage Studies*. 2023 Mar; 29(3): 199-219. doi: 10.1080/13527258.2023.2179100.
- [12] Mishra A, Chandel AK, Bhalani DV, Shrivastava R. Importance of Dietary Supplements to Health. *Current Nutrition and Food Science*. 2021 Jul; 17(6): 583-600. doi: 10.2174/157340131699920090111519.
- [13] Rosas C and Haubrick K. Omega-3 Supplementation for Adolescents and Young Adults to Combat Symptoms of Anxiety and Depression. *Research Review*. 2024 Dec; 5(12): 2676-90.
- [14] Sandua D. Mindfulness and Its Effectiveness in Stress Reduction. *David Sandua*. 2023 Dec.
- [15] Singh AK, Kumar S, Mishra S, Rajotiya S, Debnath S, Raj P et al. The effects of vitamin D Levels on Physical, Mental Health, and Sleep Quality in Adults: A Comprehensive Investigation. *Frontiers in Nutrition*. 2024 Nov; 11: 1451037. doi: 10.3389/fnut.2024.1451037.
- [16] Ekpo UU, Umana UE, Sadeeq AA. Impact of Nutrition on Depression: A Review of Some Dietary Components with Antidepressant Effects and Their Mechanism of Action. *The Journal of Neurobehavioral Sciences*. 2023 Sep; 10(3): 86-96. doi: 10.4103/jnbs.jnbs_5_23.
- [17] Shoaib MS and Ahmed W. Evaluating Nutrient-Based Interventions for Anxiety and Depression Management. *Pioneer Research Journal of Computing Science*. 2025 Jun; 2(2): 58-67.
- [18] Del Valle HB, Yaktine AL, Taylor CL, Ross AC, Editors. *Dietary Reference Intakes for Calcium and Vitamin D*. 2011.

- [19] Zhang X, Gu X, Huang C, Zhang Y, Shi Y, Qi DD. An Effective Method to Facilitate Personalized and Precise Medicine for Schizophrenia Treatment Based on Pharmacogenomics. *Psychiatry and Clinical Psychopharmacology*. 2021 Jun; 31(2): 148.
- [20] Pratiwi BC, Dusseldorp E, de Rooij M. An Out-of-Sample Perspective on the Assessment of Incremental Predictive Validity. *Behaviormetrika*. 2024 Jul; 51(2): 539-66. doi: 10.1007/s41237-024-00224-7.
- [21] Hilty DM, Armstrong CM, Luxton DD, Gentry MT, Krupinski EA. A Scoping Review of Sensors, Wearables, and Remote Monitoring for Behavioral Health: Uses, Outcomes, Clinical Competencies, and Research Directions. *Journal of Technology in Behavioral Science*. 2021 Jun; 6(2): 278-313. doi: 10.1007/s41347-021-00199-2.
- [22] Hanson CL, Crandall A, Novilla ML, Bird KT. Psychometric Evaluation of the Trauma-Informed Care Provider Assessment Tool. *Health Services Research and Managerial Epidemiology*. 2024 Jun; 11: 23333928241258083. doi: 10.1177/23333928241258083.
- [23] Levenson JL. The American Psychiatric Association Publishing Textbook of Psychosomatic Medicine and Consultation-Liaison Psychiatry. American Psychiatric. 2018 Aug. doi: 10.1176/appi.books.9781615371990.
- [24] Ruf SP. Effects of Mirror Therapy in Patients with Chronic Somatoform Pain Disorders on Psychometric Parameters and Heart Rate Variability (Doctoral Dissertation, Eberhard Karls Universität Tübingen). 2023.
- [25] Morrison J. DSM-5 Made Easy-The Clinician's Guide to Diagnosis. 2015.