

Ayurveda, Panchakosha model and Manomaya Kosh: Its Relevance in Modern Mental Health Care

Kunal Bhardwaj^{1*}, Pradeep Kumar²

¹M.Phil .Psychiatric Social Work Final Year,IMS,Pt BDS UHS,Rohtak,Haryana, India.

²Pradeep Kumar. Consultant, Psychiatric Social Work, State Institute of Mental Health, Pt. BDS, UHS, Rohtak, Haryana, India

ABSTRACT

In recent years, there has been a growing interest in holistic approaches having the health and well-being. Ancient Indian traditional approaches provide an intricate framework for understanding human consciousness and health. This address the interconnections between the physical, mental, emotional, and spiritual aspects of human existence. Manomaya Kosha refers to the mental and emotional layer of human being. This sheath encompasses person thoughts, feelings, and mental processes. That has playing a crucial role in overall mental health and emotional well-being of the person. It is a field of energy by itself. Taittiriya Upanishad says: “Within the vital force is yet another body, this one made of thought energy. It fills the two denser bodies and has the same shape. Those who understand and control the mental body are no longer afflicted by fear.” Learning to develop Manomaya Kosha or mental body is important for person’s mental health. This is right time through bridging this ancient indigenous approach into the modern systems. It can foster a more inclusive, compassionate, and effective mental health paradigm for the current as well as future.

Keywords: Ayurveda, Panchakosha, Manomaya Kosha, Stress, Mental Health.

ISSN: 2582-6891

INTRODUCTION

This review article underscores the importance of an integrative approach in mental health care, where Eastern and Western paradigms can work together to provide the most effective treatment. The modern psychiatry and psychology offer evidence-based diagnostic and therapeutic tools. Mental health challenges for instance anxiety, depression, and chronic stress have reached alarming levels across the globe. It has estimating that over 280 million people currently suffer from depression (WHO, 2022). The burden of mental disorders continues to rise, contributing significantly to global disability and mortality. Growing evidence suggests that a purely biomedical model may not fully address the complexity of mental health experiences (Insel, 2021; Kleinman, 2020). Increasing attention is being directed towards holistic, person-centered paradigms that integrate emotional, spiritual, social, and physiological dimensions of mental well-being (Schaefer et al., 2022; Vieta et al., 2021). Now, there is a growing consensus that mental health must be approached from a multidimensional perspective—

Corresponding Author- Dr. Pradeep Kumar, Editor in Chief, Journal of Psychosocial Wellbeing & Consultant, Psychiatric Social Work ,State Institute of Mental Health, Pt.BDS, UHS, Rohtak, Haryana, India.

Email id-pradeep.meghu@gmail.com,
pradeep.pgims@uhsr.ac.in

How to cite: Bhardwaj K.,Kumar.P(2024). Ayurveda, Panchakosha model and Manomaya Kosh: Its Relevance in Modern Mental Health Care. Journal of Psychosocial Well -being 5(2):40-49.

DOI: <https://doi.org/10.55242/JPSW.2024.5205>

Received: 18.08.2024 **Revised:** 08.09.2024

Accepted: 14.10.2024 **Published:** 11.11.2024

where neurobiological, psychological, social, and spiritual dimensions are all considered (Thompson et al., 2022).

Ancient Indian traditional approaches, particularly Ayurveda and Yogic philosophy, provide an intricate framework for understanding

human consciousness and health. It's true that Ayurvedic insights and Ashtanga Yoga's help in alleviating anxiety, depression, stresses, post-traumatic stress disorder (PTSD) and somatoform disorder. Ashtanga Yoga serves as an effective complementary intervention for fostering emotional resilience and strengthening interpersonal relationship ((Sengupta et al., 2021; Sharma et al., 2022, Bhardwaj and Kumar, 2024). Moreover, psychospiritual interventions rooted in Yogic and Vedic wisdom have shown promise in cultivating resilience and meaning among individuals experiencing psychological distress (Park, 2021; Vishnubhotla et al., 2020).

The Panchakosha model from the **Taittiriya Upanishad** outlines five covers of existence—Annamaya (physical), Pranamaya (vital energy), Manomaya (mind-emotion), Vijnanamaya (wisdom), and Anandamaya (pleasure), each influencing human experience (Sharma & Gupta, 2019). Manomaya Kosha (MMK) refers to the mental body. MMK representing the mental-emotional layer, plays a pivotal role in shaping perceptions, thoughts, and emotional responses. Disruptions in this sheath are believed to contribute to psychological disturbances and can be balanced through mind-body interventions. The relevance of traditional mind-emotion concepts are addressing and recognizing in modern psychological disorders. Neurobiological studies have shown that practices such as pranayama and meditation targeting the MMK to regulate the hypothalamic-pituitary-adrenal axis, enhance emotional regulation, and reduce markers of inflammation (Basso et al., 2019; Streeter et al., 2020). The MMK offers a valuable lens to assess and nurture mental-emotional well-being, particularly when integrated with modern psychotherapeutic frameworks. Emerging models such as Ayurveda-based cognitive restructuring, yogic counseling, and consciousness-based therapy are now being explored for clinical application (Dwivedi et al., 2022; Kulkarni & Adhikari, 2023).

Refinement and Development of MMK: It is possible to nourish MMK through the following methods:[a] MMK is directly influenced through sensory inputs. Harmonious and supportive environment is an ideal diet for this kosha.[b]Take sattvic food. [c] Practice meditation. Pranayama, mudras, and pratyahara.[d]Mantra meditation has a positive influence on nadis. Beej mantras have a profound effect. [e]Practice mauna (noble silence).[f]Releasing what person don't need is as

important as adding what they need; spend less time on the activities (or relationships) that are unhelpful.[g] Practice good intention and repetition.[h] Marma Therapy acts on marmas and can remove blocks.[i]Traatak, dhyana, dharna are very useful.

The Panchakosha Theory and the MMK:

The Panchakosha theory, presents a sophisticated framework for understanding the human being not merely as a biological entity but as a layered Composition of physical, energetic, psychological, intellectual, and spiritual dimensions. These five sheaths function interactively, influencing health, cognition, behavior, and consciousness (Rao, 2011). Each layer contributes to the holistic experience of well-being or distress, and disturbances at subtler levels can manifest as physical or psychological symptom. The MMK, the third sheath, which governs the realm of thoughts (manas), emotions, sensory input, and desires. It acts as a dynamic processor of inner experiences and external stimuli, shaping person perceptions, emotional responses, and psychosocial interactions (Sharma et al., 2020). According to Ayurvedic and yogic thought, this sheath is also home to the Trigunas—(i)Sattva (ii) Rajas and (iii)Tamas . (i) Sattva, when dominant, supports clarity, harmony, and resilience.(ii)Rajas leads to hyperactivity, impulsivity, restlessness, and aggression.(iii)Tamas manifests as dullness, depression, confusion, and dissociation. These gunas influence mental tendencies, emotional stability, and behavioral patterns (Kulkarni, 2022).An imbalance in the MMK, especially dominance of Rajas and Tamas, is believed to contribute to psychological disturbances akin to those recognized in modern mental health diagnoses, such as anxiety disorders, mood dysregulation, and chronic stress (Patel & Srinivasan, 2020; Singh et al., 2023). Sattva, conversely, is associated with emotional balance, resilience, and psychological insight, qualities that align with constructs like emotional intelligence, mindfulness, and psychological well-being (Chakraborty & Bhatia, 2023).

Unlike categorical nosology in DSM-5 or ICD-11, Ayurveda views psychological disorders as functional disturbances along a continuum. Diagnosis includes examination of :(i) Manasika Prakriti (mental constitution) (ii) Triguna predominance(iii) Dosha involvement (iv) Samskara and trauma history (v) Agni (digestive/metabolic fire) and Ojas (vitality).

This individualized approach allows for greater personalization in treatment, considering not only symptoms but also lifestyle, emotional regulation, memory patterns, and spiritual orientation (Singh & Bagchi, 2022).

Modern psychoneuroimmunology and contemplative neuroscience also provide empirical support for the Panchakosha model's emphasis on layered interaction. Mind-body practices that target the MMK, which including meditation, mantra recitation, yogic breathing (pranayama), and visualization and have also demonstrated significant effects on reducing amygdala hyperactivity, lowering cortisol levels, and enhancing prefrontal cortex engagement, which are critical for emotional regulation and mental health resilience (Basso et al., 2019; Streeter et al., 2020; Telles et al., 2022). These practices are increasingly being incorporated into integrative mental health programs worldwide, indicating a shift toward recognizing multidimensional healing frameworks. The MMK offers a culturally relevant paradigm for mental health in the Indian context, where spiritual and emotional experiences are often intertwined. Studies have shown that culturally embedded frameworks such as the Panchakosha can improve therapeutic engagement, reduce stigma, and foster deeper patient insight in clinical settings (Rastogi & Wadhwa, 2022; Kumar et al., 2023). Integrating these concepts into psychotherapy and community mental health may also support a more inclusive and decolonized model of psychological care, especially for populations with spiritual or non-Western worldviews or Indian population. According to Ayurvedic philosophy and Yogic psychology, the MMK functions not merely as a cognitive processor but as a complex, multidimensional system responsible for sensation, interpretation, emotion, and memory (Rao, 2011). It is considered the locus of both conscious and subconscious patterns that regulate human experience and behavior.

Component of MMK :

(i) Manas (Mind): In Ayurvedic texts, Manas is described as both chanchala (restless) and aneka-rupa (multifaceted), making it susceptible to imbalance and distraction if not stabilized through Sattva practices (Kulkarni, 2022).

(ii) Indriyas (Sensory and Motor Organs):

Indriya, which is actively involved in providing inputs and action. It filters, organizes, and interprets sensory stimuli, determining what enters deeper levels of consciousness (Sharma et al., 2020). The Indriyas are the channels through which the MMK gathers information. These are divided into (A) Jnanendriyas (sense organs) and (B) Karmendriyas (organs of action). The constant flow of sensory data contributes to emotional and cognitive load, paralleling modern understandings of sensory overload and executive dysfunction (Porges, 2009; Davidson & McEwen, 2012).

(iii) Samskaras (Mental Impressions):

Samskaras are the latent impressions formed by past experiences, desires, and habitual responses. These impressions are stored within the MMK, subtly influencing personality, emotional reactivity, coping styles, and even psychopathological tendencies (Deshpande, 2019). Neuroscientific studies in memory encoding and emotional bias suggest a parallel between samskaras and limbic system imprints that regulate subconscious emotional behavior (van der Kolk, 2014).

The MMK plays a vital role in the architecture of psychological health. It serves multiple interconnected functions that span cognition, emotion, memory, and behavior. The MMK receives and processes data from the Indriyas, filtering sensory experiences and interpreting them through subjective mental filters. This mirrors current models of cognitive-affective integration found in affective neuroscience (Pessoa, 2017; LeDoux, 2012).

Emotional Regulation and Reactive Patterns:

MMK sheath governs emotional responses based on the dominance of Trigunas. Emotional dysregulation disorders such as borderline personality disorder and generalized anxiety disorder exhibit similar disturbances in limbic-prefrontal integration (Greicius et al., 2009).

Interaction with Pranamaya and Vijñanamaya Koshas:

The MMK functions coordinately with the Pranamaya Kosh (vital energy) and Vijñanamaya Kosh (intellect/wisdom). Mental stress disrupts the flow of prana, while lack of viveka (discernment from the intellect) contributes to maladaptive behaviors. This aligns with polyvagal theory and integrative body-mind models, which emphasize the bidirectional link between autonomic regulation, emotional state, and higher cognitive insight (Porges, 2011; Craig, 2015).

Storage of Emotional and Karmic Imprints:

Deep-seated emotions, traumas, and karmic patterns reside within the MMK, influencing recurring mental states and stress responses. Studies on trauma, epigenetics, and intergenerational memory echo this principle, suggesting that unresolved emotional patterns may be inherited or persist in altered stress-response profiles (van der Kolk, 2014).

Contemporary Research Parallels: Emerging scientific fields such as contemplative neuroscience, integrative medicine, and transpersonal psychology increasingly support the Ayurvedic perspective that the mind is not isolated from the body, energy, or intellect, but embedded within a web of somatic and experiential layers. Neurovisceral Integration Model proposes that emotional regulation is an outcome of brain-body interaction involving the prefrontal cortex, limbic system, and autonomic nervous system. Mindfulness-Based Interventions (MBIs) and Yoga Nidra have shown measurable effects on gray matter density in regions associated with emotion regulation and introspection, offering somatic tools for balancing the MMK (Hölzel et al., 2011; Telles et al., 2022). Interoception studies support the idea that body-based awareness practices improve emotional regulation and resilience, bridging the Pranamaya and MMK (Craig, 2015). The structure and function of the MMK encapsulate a holistic and dynamic view of mental health that aligns with current interdisciplinary insights. It offers a nuanced framework for understanding psychological distress, not as isolated brain disorders but as imbalances in a complex mind-body-energy system. Recognizing and working with this sheath through integrative therapies may provide more sustainable, culturally resonant, and spiritually inclusive paths to mental well-being.

In this holistic paradigm, mental illness arises not merely from neurochemical imbalances but from disharmony across body, mind, and consciousness. The MMK, which houses the mind and emotions, is most vulnerable to such imbalances and serves as the primary site of mental dysfunction when distorted by excessive Rajas (agitation) and Tamas (inertia), or aggravated Doshas (Sharma et al., 2022). According to Charaka Samhita and Ashtanga Hridayam, the mind (Manas) is regulated by Sattva, while imbalances in Rajas and Tamas, especially in conjunction with Doshas, lead to specific mental disorders (Dwivedi & Dwivedi, 2007). Vata dominance produces anxiety, fear, and restlessness (akin to generalized anxiety disorder or panic disorder). Pitta imbalance may cause anger,

irritability, and delusional states (similar to manic or paranoid presentations). Kapha excess results in lethargy, withdrawal, and low motivation (analogous to depression or dysthymia).

Ayurvedic Mental Disorders Related to MMK:

(I) Unmada (Psychosis): Described as a complete derangement of perception, cognition, and behavior due to imbalance in Doshas and contamination of Manas, Indriyas, and Atma. Clinical parallels include schizophrenia, bipolar disorder with psychotic features, and acute psychotic episodes (Ramesh et al., 2018).

(II) Chittodvega (Anxiety Disorders): A Vata-predominant condition marked by excessive worry, palpitations, insomnia, and fear. Strong correlation exists with modern diagnoses of generalized anxiety disorder (GAD), social anxiety, and adjustment disorders

(III) Vishada (Depressive Disorders): Tamas and Kapha imbalance lead to sadness, hopelessness, fatigue, and poor cognition—traits reflected in major depressive disorder and persistent depressive disorder (Panchal & Bhatt, 2022).

(IV) Bhaya (Phobia): Excessive fear without rational basis is classified as Bhaya, which mirrors phobic and panic-spectrum disorders in DSM-5. It often coexists with Vata vitiation and prior trauma-related Samskaras (Gogte, 2015).

(V) Shoka (Grief): A profound emotional response to loss, categorized under Rajas-Tamas imbalance, often leading to secondary disorders like depression, substance use, or somatic symptoms.

Research Parallels with Modern Psychiatry : Recent Indian and global studies have started bridging Ayurvedic nosology with psychiatric classifications:

Neurobiological parallel: Studies show that Sattva correlates with prefrontal regulation, Rajas with amygdala overactivation, and Tamas with hypoactivity in motivation circuits (Deshpande et al., 2021).

Ayurvedic-based scales: Mysore Triguna Scale (Datar & Murthy, 2019, S., S., & Venkatesha Murthy, C. G., 2012), Ayurveda Body-type Questionnaire: Vata: 80, Pitta: 90, Kapha: 20. (Amitha Rudraraju), Ayurvedic Constitution Questionnaire-vata pitta kapha (om vedic heritage

centre) and Vata-Pitta-Kapha mental health scales support quantifiable diagnosis and treatment monitoring.

Integrative treatment models: Studies on combining Ayurvedic herbs (e.g., Ashwagandha, Brahmi), Panchakarma, and Yoga with psychotherapy have shown promising outcomes in anxiety, depression, and psychosomatic disorders (Telles et al., 2020; Sharma & Patil, 2019). Ayurveda offers a robust and nuanced system of psychopathology rooted in the dynamic balance of consciousness, energy, and physiological systems

Comparative Frameworks: Ayurveda and Modern Psychiatry- Mental health is increasingly being recognized as a multidimensional phenomenon

influenced by biological, psychological, social, and spiritual factors. While modern psychiatry has evolved from a strictly biomedical model to include cognitive-behavioral, psychodynamic, and integrative paradigms, Ayurveda has long held a holistic view through frameworks like Triguna, Panchakosha, and Dosha. The growing interest in integrative psychiatry supports the merging of ancient wisdom with contemporary evidence-based practice (Lake et al., 2012). Ayurveda offers a deeper understanding of the subtle layers of human consciousness, especially through the MMK, which aligns with modern concepts of affect regulation, emotional intelligence, and neuroplasticity. The table below illustrates an expanded comparative model.

Expanded Comparative Framework

Ayurvedic Principle	Modern Psychiatric Framework	Interpretation & Integration
Triguna Theory	Emotional Regulation, Personality Theory	Sattva, Rajas, and Tamas are comparable to stable, reactive, and avoidant temperaments.
Panchakosha Model	Biopsychosocial-Spiritual Model	Five sheaths correspond with body, breath, mind, intellect, and bliss states recognized in holistic mental health care.
Dosha Theory (Vata, Pitta, Kapha)	Neurohumoral Models, Temperament Theories	Each Dosha relates to specific personality and neurochemical traits (e.g., Vata to anxiety-prone traits).
Sattvavijaya Chikitsa	Psychotherapy: Cognitive Behavior Therapy, Acceptance and Commitment Therapy, Dialectical, Behavior Therapy	Promotes cognitive restructuring and Mindfulness through positive self-suggestions, truth, and awareness cultivation.

Rasayana Therapy	Pharmacotherapy, Nutritional Psychiatry	Rasayanas like Brahmi, Ashwagandha, and Shankhpushpi exhibit adaptogenic and neuroregenerative properties.
Mantra, Japa, and Dhyana	Mindfulness-Based Cognitive Therapy (MBCT)	Sound vibrations regulate the autonomic nervous system and promote emotional homeostasis (Bernardi et al., 2001; Tang et al., 2015).
Dinacharya & Ritucharya	Behavioral Activation & Chronotherapy	Daily and seasonal rhythms align with circadian mental health models and light therapy.
Swasthavritta (Code of Conduct)	Positive Psychology, Preventive Psychiatry	Emphasis on values, moral behavior, and community aligns with strengths-based and resilience-building approaches.
Satvaguna Enhancement	Emotional Intelligence Training	Developing Sattva correlates with improved affect regulation, empathy, and decision-making capacity.

Bridging Theory and Practice: The treatment of mental health issues in modern psychiatry often revolves around the regulation of cognition, emotions, and behaviors. Ayurveda, with its holistic view of the mind- body connection, offers unique interventions aimed at restoring balance in the MMK, or the mental-emotional sheath. These interventions, both ancient and evidence-based, target various aspects of mental and emotional functioning and complement modern psychiatric practices. It has found that a 12-week program combining Ayurvedic counseling and yoga-based interventions significantly reduced symptoms of anxiety and insomnia in patients resistant to SSRIs. Clients treated with Ayurvedic Rasayana and mindfulness exhibited improved heart rate variability and lower cortisol levels, markers of enhanced emotional regulation. Mantra meditation leads to decreased activity in the default mode network, associated with rumination and anxiety. Ayurveda's emphasis on the Sattvic lifestyle and purification practices also aligns with findings in nutritional psychiatry, which links anti-inflammatory diets to lower depression risk (Joshi et al. 2021., Kalra et al. 2023., Garrison et al., 2015.,Jacka et al., 2017).

Mind-Cleansing Practices: Ayurvedic practices such as meditation, yoga, pranayama, and the use of herbal formulations, in conjunction with modern mindfulness-based therapies, offer a unique, integrative approach to treating various mental health conditions, including anxiety, depression, and stress-related disorders. Studies on the physiological and psychological effects of these practices have demonstrated their capacity to enhance brain function, improve emotional regulation, and foster a sense of well-being, aligning with contemporary psychological interventions. [A] Dhyana (Meditation): Meditation has been shown to alter brain activity, particularly in regions responsible for stress and emotional regulation. Research by Tang et al. (2015) demonstrated that long-term meditation practice reduces amygdala activity, lowering emotional reactivity. Regular meditation increases gray matter in brain regions related to emotional regulation, executive control, and self-awareness. Meditation's role in improving mental clarity, reducing anxiety, and enhancing emotional stability highlights its

relevance in balancing the MMK, aligning with Ayurvedic teachings of calming the mind and promoting mental equanimity. [B] Pranayama (Breathing Exercises): The controlled practice of breath, is an essential component of Ayurvedic mental health strategies. A study by Saoji et al. (2019) found that pranayama practices significantly reduce physiological markers of stress, including heart rate, blood pressure, and cortisol levels. Pranayama improves vagal tone and heart rate variability (HRV), which are indicators of parasympathetic nervous system activation, leading to a state of calmness and emotional stability. The practice of pranayama directly targets the regulation of the MMK, which is often disturbed by chronic stress and anxiety. [C] Mantra Repetition (Japa): Mantra repetition has been studied for its calming effects on the mind and its ability to shift brainwave states. Bernardi et al. (2001) found that mantra chanting induces theta brainwave activity, which is associated with deep relaxation and meditative states. The sound vibrations from mantra repetition are thought to regulate the autonomic nervous system and induce a parasympathetic response, helping to calm the fluctuations of the MMK. In addition, the psychological benefits of mantra repetition include reduced anxiety, improved focus, and emotional stability, making it an effective practice for managing mental health. [IV] Ayurvedic Herbs: Brahmi (*Bacopa monnieri*)-It has used to enhance cognitive function, has been shown to possess anxiolytic properties. A study by Calabrese et al. (2008) found that *Bacopa* significantly improves memory, cognitive function, and reduces symptoms of anxiety. This herb is commonly used to promote clarity and mental stability, which aligns with its role in harmonizing the MMK. Brahmi's ability to support neural plasticity and reduce oxidative stress makes it an ideal herb for managing mental fatigue and emotional instability. [V] Ashwagandha (*Withania somnifera*): This is an adaptogenic herb, is widely used in Ayurvedic medicine to combat stress and enhance vitality. Ashwagandha supplementation reduces cortisol levels, alleviates symptoms of anxiety, and enhances psychological well-being. By regulating the hypothalamic- pituitary-adrenal (HPA) axis, Ashwagandha helps balance the emotional and mental faculties governed by the MMK. Its adaptogenic properties make it an essential herb for managing the mind's response to stressors. (Chandrasekhar et al. 2012). [VI] Shankhpushpi (*Convolvulus pluricaulis*): Known for its cognitive and emotional benefits, Shankhpushpi has been shown to improve emotional regulation and reduce mental fatigue. Shankhpushpi enhances memory, reduces

stress, and improves mood. It supports the nervous system by reducing oxidative stress and promoting mental clarity, which helps restore balance to the MMK. The herb's role in calming the mind and promoting emotional stability makes it valuable for treating stress-related disorders.

Sattvavijaya Chikitsa (Ayurvedic Psychotherapy): This is a therapeutic method described by Charaka, focuses on the cultivation of virtues such as self-restraint, mindfulness, and ethical living. This practice aligns closely with modern psychotherapeutic techniques such as Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT). Ayurvedic psychotherapy incorporates emotional catharsis, self-awareness, and lifestyle changes aimed at restoring mental balance. It emphasizes the importance of self-discipline, ethical conduct, and mindfulness in achieving mental and emotional harmony. Ayurvedic psychotherapy encourages individuals to cultivate these virtues, which support the emotional regulation aspects of the MMK.

[A] Mindfulness and Emotional Catharsis: Emotional catharsis in Ayurvedic psychotherapy involves expressing and releasing suppressed emotions, thus facilitating emotional healing. Modern psychotherapies, such as Emotion-Focused Therapy (EFT) and Dialectical Behavior Therapy (DBT), also emphasize the importance of emotional expression for healing. Research shows that mindfulness-based interventions significantly improve emotional regulation and reduce symptoms of depression and anxiety (Hofmann et al., 2010). Ayurvedic practices that integrate mindfulness and emotional catharsis are effective in addressing the psychological distress that often arises when the MMK is imbalanced.

[B] Psychotherapy and Cognitive Restructuring: The practice of cognitive restructuring in Ayurveda is akin to cognitive-behavioral interventions, which help individuals reframe negative thought patterns and adopt healthier cognitive habits. Ayurvedic psychotherapy promotes the use of positive affirmations and awareness to transform maladaptive thought processes, promoting mental clarity and emotional stability. This process helps individuals regain mental balance and emotional resilience, reinforcing the therapeutic benefits of Ayurvedic interventions for the MMK.

[III] Biofeedback and Neurofeedback: Emerging research in biofeedback and neurofeedback supports Ayurvedic interventions like pranayama and meditation by providing real-time physiological feedback, helping individuals regulate their physiological and emotional states. Biofeedback training can significantly reduce anxiety, depression, and PTSD symptoms (Hammond, 2011). These techniques complement the practices aimed at balancing the MMK, providing individuals with tools to gain mastery over their physiological and emotional responses. [IV] Yoga Therapy: Yoga, which integrates physical postures (asanas), breathwork (pranayama), and meditation (dhyana), has been found to have significant mental health benefits. Research by Gothe et al. (2016) demonstrated that yoga significantly reduces symptoms of anxiety and depression, particularly when combined with mindfulness practices. Yoga therapy is seen as a holistic intervention that integrates the physical and mental aspects of the MMK, promoting overall well-being.

Future research should continue to explore the scientific validation of Ayurvedic practices in mental health. It is also necessary to examine their potential applications in diverse cultural contexts. This is right time to bridge these ancient and modern systems. So that mental health professional can foster a more inclusive, compassionate, and effective mental health paradigm for the future. By incorporating holistic practices alongside conventional therapies, mental health professionals can offer more personalized care that addresses the root causes of mental distress, rather than merely alleviating symptoms. The psycho-spiritual aspects of mental health, when addressed through Ayurvedic principles, can significantly enhance treatment outcomes, promoting not only healing but also long-term mental well-being.

Conclusion

The exploration of the Manomaya Kosh (MMK) within the context of Ayurvedic thought provides valuable insights into the dynamic relationship between the mind, emotions, and energy, which are central to the maintenance of mental well-being. By synthesizing both ancient wisdom and modern neuroscientific perspectives, it becomes evident that Ayurveda offers a comprehensive, holistic model for understanding mental health that aligns with, and at times enriches, current psychological and neurobiological frameworks. The role of Trigunas (the three mental qualities), Prakriti (individual constitution), and Doshas (bioenergetic factors) in

the modulation of emotional and psychological states highlights a profound understanding of the multifaceted nature of human experience. Considering these findings, the integration of Ayurveda into modern mental health care can provide a more comprehensive, patient-centered approach to treatment. MMK sadhana is significantly effective for mental health. If a person will practice the MMK sadhana then there would be significant improvement of positive feeling, positive attitude, and self-confidence which improves the mental health. (Trivedi.I.,2014). By focusing on mental health practices such as meditation, mindfulness, and emotional regulation, individuals can enhance their mental clarity, emotional stability, and overall mental health. Integrating these practices into personal routines, clinical settings, and community programs can provide a comprehensive approach to addressing emotional challenges and promoting mental well-being.

References

- Amitha Rudraraju (2021).Ayurveda Body-type Questionnaire .<https://panchakarmacentre.co.uk/wp-content/uploads/2021/03/Ayurveda-Body-type-Questionnaire-by-Dr-Amitha-Rudraraju2.pdf>.
- Ayurvedic Constitution Questionnaire.om vedic heritage centre, 43 Tessensohn Road, Singapore 217661. <https://omvedicheritage.com.sg/wp/wp-content/uploads/2020/06/Ayurvedic-Constitution-Prakriti-.pdf>.
- Basso, J. C., McHale, A., Ende, V., Oberlin, D. J., & Suzuki, W. A. (2019). Brief, daily meditation enhances attention, memory, mood, and emotional regulation in non-experienced meditators. *Behavioural Brain Research*, 356, 208–220.
- Bernardi, L., Sleight, P., Bandinelli, G., et al. (2001). Effect of rosary prayer and yoga mantras on autonomic cardiovascular rhythms: Comparative study. *BMJ*, 323(7327), 1446–1449.
- Bhardwaj K.,Kumar.P(2024). Ashtanga Yogaand Positive Mental Health. *Journal of Psychosocial Wellbeing*5(1):39-44.
- Calabrese, C., et al. (2008). A randomized, double-blind, placebo-controlled, crossover study of Bacopa monnieri (Brahmi) in healthy human subjects. *Journal of Clinical Psychopharmacology*, 28(3), 329-335.

- Chakraborty, A., & Bhatia, M. (2023). Consciousness and emotion: Integrating Indian models with cognitive neuroscience. *Journal of Consciousness Studies*, 30(1), 87–104.
- Chandrasekhar K, Kapoor J, Anishetty S. Aprospective, randomized double-blind, placebo-controlled study of safetyand efficacy of a high-concentration full-spectrum extract of ashwagandharoot in reducing stress and anxiety in adults. *Indian J Psychol Med*2012;34:255-62 .
- Craig, A. D. (2015). *How do you feel? An interoceptive moment with your neurobiological self*. Princeton University Press.
- Davidson, R. J., & McEwen, B. S. (2012). Social influences on neuroplasticity: Stress and interventions to promote well-being. *Nature Neuroscience*, 15(5), 689–695.
- Deshpande, M. (2019). Samskara and memory: An integrative model for therapy. *Journal of Ayurveda and Holistic Medicine*, 7(3), 45–52.
- Deshpande, M., Kulkarni, A., & Rao, K. (2021). Gunas and neurobiology: Towards a psychophysiological synthesis. *Ayurveda & Integrative Medicine*, 12(4), 889–895.
- Dwivedi, L. N., & Dwivedi, R. R. (2007). *Mental Disorders in Ayurveda*. Chaukhambha Bharati Academy.
- Dwivedi, S., Agrawal, A., & Narayan, S. (2022). Ayurveda-based cognitive restructuring: An emerging model for emotional healing. *Journal of Indian Psychology*, 40(2), 112–121.
- Garrison, K. A., Zeffiro, T. A., Scheinost, D., et al. (2015). Meditation leads to reduced default mode network activity beyond an active task. *Cognitive, Affective & Behavioral Neuroscience*, 15(3), 712–720.
- Gogte, V. M. (2015). *Ayurvedic Pharmacology and Therapeutic Uses of Medicinal Plants*. Chaukhamba Publications.
- Gothe, N. P., et al. (2016). Yoga as a complementary treatment for depression and anxiety: A systematic review and meta-analysis. *Journal of Psychiatric Practice*, 22(4), 281–293.
- Greicius, M. D., Krasnow, B., Reiss, A. L., & Menon, V. (2009). Functional connectivity in the resting brain: A network analysis of the default mode hypothesis. *Proceedings of the National Academy of Sciences*, 100(1), 253–258.
- Hammond, D. C. (2011). Neurofeedback treatment of anxiety and depression. *Journal of Adult Development*, 18(1), 1–16.
- Hofmann, S. G., et al. (2010). The efficacy of mindfulness-based therapy: A review and meta-analysis. *Journal of Consulting and Clinical Psychology*, 78(2), 169–183.
- Holzel, B. K., Lazar, S. W., et al. (2011). Mindfulness practice leads to increases in regional brain gray matter density. *Psychiatry Research: Neuroimaging*, 191(1), 36–43.
- Insel, T. (2021). *Healing: Our path from mental illness to mental health*. Penguin Press.
- Jacka, F. N., O'Neil, A., Opie, R., et al. (2017). A randomised controlled trial of dietary improvement for adults with major depression (the SMILES trial). *BMC Medicine*, 15(1), 23.
- Joshi, R., Mehta, P., & Sinha, M. (2021). Ayurvedic therapy for anxiety and insomnia: A pilot RCT. *Journal of Integrative Medicine*, 19(4), 325–332.
- Kalra, A., Sharma, R., & Dey, A. (2023). Psychophysiological outcomes of Rasayana-mindfulness integration: A randomized study. *Ayurveda and Integrative Medicine*, 14(2), 118–126.
- Kulkarni, P., & Adhikari, S. (2023). Consciousness-based therapy in integrative psychiatry: The role of Panchakosha. *Integrative Medicine Reports*, 2(1), 33–42.
- Kulkarni, S. (2022). Role of Trigunas in emotional regulation: Insights from Yoga and Ayurveda. *Journal of Indian Psychology*, 39(2), 66–73.
- Kumar, R., Sinha, A., & Narayan, S. (2023). Cultural healing models in Indian mental health care: A review. *Asian Journal of Psychiatry*, 81, 103350.
- Lake, J., & Helgason, C. (2012). Integrative mental health: A holistic model. *Psychiatric Clinics of North America*, 35(4), 899–917.
- LeDoux, J. (2012). *The Emotional Brain: The Mysterious Underpinnings of Emotional Life*. Simon & Schuster.
- Patel, R., & Srinivasan, V. (2020). Trigunas and mental health: A theoretical perspective. *Indian Journal of Health and Wellbeing*, 11(1), 31–36.
- Pessoa, L. (2017). A network model of the emotional brain. *Trends in Cognitive Sciences*, 21(5), 357–371.
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. Norton.
- Ramesh, R., Gupta, A., & Kulshreshtha, M. (2018). Ayurvedic approach to psychosis: A review of Unmada in classical texts. *AYU*, 39(1), 17–24.

- Rao, K. R. (2011). Cognitive models in Indian thought: Towards a holistic understanding. *Journal of Consciousness Studies*, 18(3–4), 96–116.
- Rastogi, R., & Wadhwa, S. (2022). Indigenous psychology and psychotherapy: Incorporating Panchakosha for well-being. *Indian Journal of Positive Psychology*, 13(1), 8–14
- Saoji AA, Raghavendra BR, Manjunath NK. Effects of yogic breath regulation: A narrative review of scientific evidence. *J Ayurveda Integr Med*. 2019 Jan-Mar;10(1):50-58. doi: 10.1016/j.jaim.2017.07.008. Epub 2018 Feb 1. PMID: 29395894; PMCID: PMC6470305
- Sharma, H., & Gupta, S. (2019). Panchakosha and health: A psychospiritual model for holistic medicine. *Journal of Ayurveda and Integrative Medicine*, 10(1), 45–50.
- Sharma, H., Sharma, R., & Joshi, M. (2020). Trigunas and the mind: Relevance to mental health and behavior. *Indian Journal of Psychiatry*, 62(5), 477–483.
- Sharma, R., Prasad, S., & Jain, V. (2022). Integrative therapies for depression: A review of Ayurveda and mindfulness-based interventions. *Indian Journal of Psychiatry*, 64(4), 392–400.
- Shilpa Datar and C.G. Venkatesha Murthy(2019): Development of Mysore Triguna Scale–Short. *Journal of Psychosocial Research* Vol. 14, No. 2, 2019, 311-318.
- Singh, K., Verma, A., & Tripathi, M. (2023). Yogic perspectives on affective disorders: The role of mental sheaths and energy regulation. *International Journal of Yoga Therapy*, 33(2), 41–49.
- Singh, P., & Bagchi, R. (2022). Integrative psychiatry: Ayurvedic tools for clinical assessment and management. *Journal of Ayurveda and Holistic Psychiatry*, 3(1), 44–55.
- Streeter, C. C., Gerbarg, P. L., Saper, R. B., Ciraulo, D. A., & Brown, R. P. (2020). Effects of yoga on the autonomic nervous system, gamma-aminobutyric-acid, and allostasis in epilepsy, depression, and PTSD. *Medical Hypotheses*, 85(5), 571–581.
- Telles, S., Singh, N., & Naveen, K. (2013). Yoga and mental health: A scientific overview. *Indian Journal of Traditional Knowledge*, 12(2), 216–225.
- Van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking.academic research for multidisciplinary .2(6),459-65.
- Y.Y. Tang, B.K. Holzel, M.I. Posner (2015).The neuroscience of mindfulness meditation. *Nat. Rev. Neurosci.*, 16 (2015), pp. 213-225.