

The Role and Impact of Yoga and Taittiriyopanishad in Enhancing Personal Happiness, Mental Health, and Wellbeingy

Valsal Kumar C¹, Dr. Sridhar M K², Nagendra H R³

¹Ph.D. Research Scholar, S VYASA, Bangalore, Karnataka, India, valsalkumarc@gmail.com

²Distinguished Professor, Division of Yoga and Spirituality, S VYASA, Bangalore, Karnataka, India, drmksridhar@gmail.com

³Chancellor, SVYASA, Bangalore, Karnataka, India, chancellor@svyasa.edu.in

ABSTRACT: Yoga and the Taittiriyopanishad are both important ways to improve happiness, mental health, and overall well-being. Both practices present distinct methodologies for attaining inner tranquility and self-actualization; when integrated, they can profoundly influence an individual's existence. Yoga is a time-honored discipline that originated in India and encompasses a range of physical postures known as asanas, breathing techniques referred to as pranayama, and the practice of meditation. The Taittiriyopanishad, conversely, represents one of the archaic Vedic scriptures within the realm of Hindu philosophy. The integration of yoga and the examination of Taittiriyopanishad mutually enhance one another in the pursuit of psychological and emotional wellness. The practice of yoga facilitates the achievement of a tranquil mental state and heightened consciousness, thereby enhancing one's ability to effectively engage with the profound philosophical ideas expounded in the Upanishad. The main focus of the study is to examine the Role and Impact of Yoga and Taittiriyopanishad in Enhancing Personal Happiness, Mental Health, and Well-being. The study also focuses on the ancient wisdom of the Taittiriya Upanishad. In addition, it also examines the therapeutic effects of yoga and the impact of yoga on personal happiness. Lastly, it evaluates the role of the Taittiriya Upanishad in enhancing mental health.

Keywords: Yoga, Taittiriyopanishad, Personal Happiness, Mental happiness, Health, Health and Wellbeing

INTRODUCTION

The historical origins of the concepts related to yoga can be discovered again in the ancient Vedic and Upanishadic texts, which have been estimated to have originated around 2700 BC. This period is commonly referred to as the preclassical era of yoga. The term "yoga," which originates from the Sanskrit word "yuj," was first mentioned in the Rig Veda (1500–1200 BC, hymn 5.81.1). The Rig Veda introduced various philosophical ideas related to the mind, including the notion of mental agility, contentment, the mind's ability to heal, the significance of prayer, and the power of intelligence (Aljasir et al., 2010). The Yajur Veda explored the concept of consciousness, the practice of chanting mantras, and the transformative effects of chanting on emotional equilibrium and spiritual growth. Additionally, the Atharva Veda delved into the realm of human emotions, addressing states such as anger, envy

Components of Yoga

According to Patanjali's Ashtanga Yoga, the practice of yoga encompasses eight limbs (Boehm et al., 2012). The eight components of yoga practice include yama, which pertains to one's behavior in society; niyama, which relates to "personal conduct; asana, encompassing physical postures; pranayama, involving techniques to enhance energy, primarily through breathing exercises; pratyahara, referring to the withdrawal of the senses; Dharana, denoting concentration; Dhyana, signifying meditation; and Samadhi, representing self-realization (Satchidananda, 1990)". Moreover, it is important to note that there exist four distinct paths of yoga, namely Raja Yoga (the path of practice), Bhakti Yoga (the path of surrender), Karma Yoga (the path of selfless action), and Jnana Yoga (the path of knowledge) (Prabhavananda, 2012). Within the expansive realm of yoga, every text serves the singular purpose of surpassing the limitations of the mind, surpassing both emotions and intellect, to attain a state of consciousness characterized by comprehensive awareness and unity, commonly referred to as Turiya (Yeats, 1961; Rao, 2002). It is imperative to comprehend that the term "yoga" in this context pertains to a way of life that arises from a more profound practice encompassing understated aspects of the mind, rather than being limited to asanas or physical well-being. The ultimate goal of practicing yoga is to bring about a transformative change in an individual's perspective and life experiences (Borman et al., 2001). This transformation is achieved through the cultivation of mindfulness, which plays a significant role in one's daily activities. Additionally, by incorporating mindfulness into their routine, individuals can potentially mitigate the onset of clinical manifestations and enhance their overall well-being (Vinchurkar et al., 2014)

Psychotherapeutic Potential of Yoga Philosophy as per Traditional Texts

In ancient yogic literature, guidance was offered to individuals or groups by the guru or teacher through a methodical and organized elucidation of the concepts of the mind (manas), intellect (buddhi), ego (ahankara), and consciousness (Chitta) (Bower et al., 2005). This guidance aimed to assist individuals in reshaping their perceptions and enabling them to fulfill their responsibilities. The paramount objective of an individual was underscored as transcending the cognitive and affective aspects in pursuit of moksha or self-realization. An instance of a conventional literary work known as Yoga Vashishtha elucidates the discourse between an individual (referred to as Rama) afflicted by feelings of despondency towards the world, despair, powerlessness, and contemplation of self-harm, and his mentor (Vashishtha) (Bowling et al., 2008). In the end, Rama achieves mental clarity through his dialogue with his mentor Vashishtha, leading him to overcome his state of depression and resume his societal obligations with a sense of detachment, known as vairagya (Venkatesananda & Chapple, 1984). In the Bhagavad Gita, a believer named Arjuna experiences symptoms of panic, anxiety, and depression, known as Vishada, when confronted with a challenging situation (Brown & Gerbarg, 2005). In response, the teacher Krishna guides various approaches to effectively manage such circumstances. These approaches include the practice of selfless action, known as Karma Yoga, the cultivation of acceptance through Bhakti Yoga, the application of self-discipline through Raja Yoga, and the acquisition of knowledge (Swarupananda, 2016). In the Taittariya Upanishad, a conversation between the teacher Varuna and the student Brighu explores the student's existential dilemma, offering a comprehensive comprehension of the five levels of holistic existence, known as Pancha kosha, through a methodical process of inquiry. The Vedic texts offer valuable insights into attaining a harmonious state of physical, mental, and emotional well-being, as well as facilitating progress towards an elevated level of consciousness known as brahman or moksha (Wang & Szabo, 2020; Cohen et al., 2013; Cramer et al., 2012). The potential application of these texts in a clinical setting has not been extensively investigated. Adaptation of Yogic Philosophy in Western Psychology

The 19th century witnessed the emergence of Western reception and the subsequent adoption of yoga philosophy. Furthermore, it is worth noting that influential figures in the field of yoga, including Swami Vivekananda, Swami Rama, and Maharshi Mahesh Yogi, have significantly contributed to the widespread dissemination of yoga's philosophical and spiritual principles in Western countries such as Europe and the United States (Cramer et al., 2012; Deci & Ryan, 2000). During the early 1800s, modern psychologists and orientalists undertook the task of translating and studying the psychotherapeutic effects of yogic philosophy (Giluk, 2009). In an endeavor to comprehend the workings of the mind as per Hindu philosophy, a range of Vedic literature was translated into Latin, Greek, and German languages (Green et al., 2012). There are various researchers in the field of Indology, and psychologists from around the globe have undertaken endeavors to examine these philosophical texts. Prominent figures such as Carl Jung, Sir John Woodroffe, Griffith, and John Muir have contributed to this scholarly pursuit (Haaz & Bartlett, 2011). The Upanishads and Yoga Sutras were subjects of extensive study by renowned psychologists Carl Jung and Arthur Schopenhauer.

In India, the prevalent therapeutic approaches employed for the treatment of common mental disorders (CMD) encompass Western psychotherapy models such as "Cognitive Behavioural Therapy, psychoanalysis, and psychodynamic psychotherapy". While some studies have shown the efficacy of Western psychotherapies in the Indian population (Manjula et al., 2009; Sondhi et al., 2013). The Global Burden of Disease Study (2017) highlights notable obstacles that impede its implementation for a large portion of the population in need of psychosocial support, particularly in rural areas of India. Several key issues have been identified in the field, namely the mental health treatment gap, the necessity for communitybased interventions, and the requirement for cultural adaptations (Heppner et al., 2008; Innes et al., 2005; Innes & Vincent, 2007; Javasinghe, 2004). The comprehension of the theoretical framework underlying Westernised therapies poses a significant challenge for the Indian population, given their predominant non-urban and non-literate status (Jacob & Krishna, 2003). Moreover, social psychology encompasses the examination of how culture significantly influences an individual's perception of self, community, societal organization, and interpersonal connections (Judge et al., 1999; Jeter et al., 2015; Kirkwood et al., 2005). The fundamental characteristics of the Indian population, including psychological dependence, the desire for societal validation, and deeply ingrained religious beliefs in concepts such as rebirth and karma, present challenges in the context of Western therapy adaptation (Varma, 1982). Extensive scholarly inquiry into cultural competence and crosscultural interventions has underscored the imperative of tailoring therapeutic models in counseling to align with the unique cultural backgrounds and needs of individuals (Krisanaprakornkit et al., 2006; Lang et al., 1979). The presence of a culturally appropriate counseling model is crucial not only within the framework of intervention in the treatment paradigm but also in the process of diagnosing and comprehending an individual's emotional difficulties.

The main focus of the study is to examine the Role and Impact of Yoga and Taittiriyopanishad in Enhancing Personal Happiness, Mental Health, and Well-being. The study also focuses on the ancient wisdom of the Taittiriya Upanishad. In addition, it also focuses on the therapeutic effects of yoga and the impact of yoga on personal happiness. Lastly, it evaluated the role of the Taittiriya Upanishad in enhancing mental health.

OBJECTIVES OF THE STUDY

The main focus of the study is to examine the Role and Impact of Yoga and Taittiriyopanishad in Enhancing Personal Happiness, Mental Health, and Well-being. The study also focuses on:

- To explore the ancient wisdom of the Taittiriya Upanishad.
- To examine the therapeutic effects of yoga and the impact of yoga on personal happiness.
- To evaluate the role of the Taittiriya Upanishad in enhancing mental health.

LITERATURE REVIEW

Effects of Yoga on Mental and Physical Health

The conceptual foundation of yoga can be traced back to the ancient philosophical traditions of India as there exist several contemporary schools or variations of yoga, such as "Iyengar, Viniyoga, and Sivananda", each characterized by its unique focus on the proportionate inclusion of "physical postures and exercises (asanas), breathing techniques (pranayama), deep relaxation, and meditation practices", all of which aim to foster mindfulness and ultimately facilitate heightened states of consciousness. The utilization of yoga as a therapeutic intervention, which commenced in the early twentieth century, capitalized on the diverse psychophysiological advantages offered by the constituent practices. The practice of physical exercises, known as asanas, has the potential to enhance a patient's physical flexibility, coordination, and strength. Additionally, engaging in breathing practices and meditation can have a calming effect on the mind, leading to improved focus and heightened awareness. Kirkwood et al., (2005) stated that these practices may also help reduce anxiety levels and the incorporation of these activities into one's routine may contribute to an overall improvement in quality of life. As inspired by Yang (2007), additional positive outcomes may include a decrease in psychological distress, lower blood pressure levels, and enhancements in resilience, mood, and metabolic regulation.

Depression

Pilkington et al., (2005); Uebelacker et al., (2010), stated that the effects of yoga on depression, a description by Brown & Gerbarg (2005), of studies on yogic breathing for depression, and a "summary" by Saeed et al., (2010) of the research. According to Uebelacker et al., (2010), the authors conducting the review have documented that the studies examined encompassed a wide range of diagnoses, including major depression or other forms of diagnosed depression, as well as elevated depressive symptoms. Despite the existence of multiple randomized controlled trials (RCTs) that have documented positive outcomes of yoga interventions in alleviating depressive symptoms, the available data from these studies is deemed inadequate in terms of both quality and quantity. Consequently, it remains inconclusive whether substantial clinical evidence supports the use of yoga as a viable treatment option for depression. In comparison to passive controls, the yoga interventions appear to exhibit efficacy. According to Uebelacker et al., (2010), however, when contrasted with active controls, it is unsurprising that the findings are less definitive. The current body of research lacks sufficient quantity and quality to definitively ascertain whether studies emphasizing asanas yield greater effectiveness compared to studies focusing on meditation or pranayama. Therefore, it is imperative to undertake further comprehensive investigations characterized by rigorous methodology and larger cohorts of patients. The question of whether motivation poses a challenge for individuals diagnosed with depression has yet to be definitively addressed. According to Brown & Gerbarg (2005); and Murthy et al., (1997), efforts have been made to investigate the mechanisms underlying the therapeutic effects of yoga on depression, with a focus on electrophysiological markers of attention and alterations in neurotransmitter levels, as evidenced by previous studies.

Anxiety and Anxiety Disorders

According to Kirkwood et al., (2001), there exists a systematic review that investigates the impact of yoga on anxiety and anxiety disorders. According to Krisanaprakornkit et al., (2006); Shannahoff-Khalsa et al., (1999), additionally, a Cochrane review has been conducted on meditation therapy for anxiety disorders. According to Brown & Gerbarg (2005), there is a compilation of studies on yogic breathing, which is also covered in the aforementioned systematic review. Numerous studies have reported positive outcomes in support of yoga interventions, particularly when compared to passive control groups, such as those experiencing examination anxiety. Additionally, yoga interventions have shown favorable results when compared to active control groups, including relaxation response techniques and standard pharmaceutical treatments. Nevertheless, there is a lack of existing meta-analyses that provide a clear distinction for this significant matter. According to Ospina et al., (2007) and the AHRQ report, it was found that there was no significant difference in the effectiveness of yoga and Mindfulness-based Stress Reduction in reducing anxiety among patients with cardiovascular diseases.

Posttraumatic Stress Disorder

According to Telles et al., (2012), a review article examined the extant body of research about the utilization of yoga as a therapeutic intervention for individuals diagnosed with post-traumatic stress disorder (PTSD). Additionally, two studies explored PTSD in combat and terrorism, comprising one RCT and one single-arm study. Following a natural calamity, there have been reports indicating that engaging in yoga exercises has been found to have a notable impact on alleviating symptoms associated with post-traumatic stress disorder (PTSD), self-reported symptoms of stress (such as fear, anxiety, disrupted sleep, and sadness), as well as respiratory rate. In a similar vein, yoga interventions have demonstrated the capacity to ameliorate symptoms associated with post-traumatic stress disorder (PTSD) in individuals who have experienced combat and terrorism. The duration of the interventions ranged from a minimum of one week (in cases where interventions were administered on-site) to a maximum of six months.

Yoga and Physical Fitness

Physical Fitness

Roland et al., (2011) pointed out that, a single critical review was conducted to assess the potential of yoga to promote physical fitness among older adults. As per the viewpoint of Roland et al., (2011), "regarding physical fitness and function, the studies indicated moderate effect sizes for gait, balance, body flexibility, body strength, and weight loss". Nevertheless, further research trials incorporating appropriate control interventions, both active and specific, are still required to validate these encouraging findings. It is anticipated that maintaining physical fitness and enhancing physical functioning can yield favorable outcomes in terms of functional abilities and self-autonomy among older individuals. Additional research should investigate the potential impact of participating in courses on individuals' self-esteem and self-confidence, as well as the potential benefits of regular classes on social competence and involvement. One challenge encountered in studies involving the enrollment of elderly participants pertains to their adherence to the study protocol, which can result in low rates of study

completion and limited availability of long-term follow-up data. Further research is warranted to explore the optimal duration of yoga interventions and identify the most suitable postures and yoga styles for older adults.

Sympathetic/Parasympathetic Activation

As opined by Innes et al., (2005), a comprehensive set of 42 studies were undertaken to examine the effects of yoga on sympathetic/parasympathetic activation and cardiovagal function. The research encompassed a total of 9 randomized controlled trials (RCTs), "16 non-randomized controlled trials (non-RCTs), 15 uncontrolled trials, and 2 cross-sectional trials". Innes et al., (2005) stated that several studies have provided evidence suggesting that yoga has the potential to decrease sympathetic activation, improve cardiovagal function, and induce a shift in the balance of the autonomic nervous system from predominantly sympathetic to parasympathetic. Nevertheless, certain studies incorporated in the review exhibited outcomes that were less definitive or even contradictory. Further investigation is warranted due to the predominantly transient nature of these effects.

Cardiovascular Endurance

Raub, (2002) examined a literature review encompassed seven controlled studies, which collectively indicated noteworthy enhancements in the cardiovascular endurance of young individuals who underwent diverse durations of yoga training, ranging from months to years. The study evaluated various outcome "measures, including oxygen consumption, work output, anaerobic threshold, and blood lactate levels, during exercise testing". As expected, there was a significant enhancement in the physical fitness levels of adolescents and young adults, including both athletes and untrained individuals, in comparison to alternative forms of exercise. Additionally, an association was found between the length of time engaged in yoga practice and improved cardiopulmonary endurance.

Yoga and Cardiopulmonary Conditions Blood Pressure and Hypertension

Innes et al. (year) analyzed 37 research studies that examined the impact of yoga on blood pressure and hypertension. These studies encompassed various research designs, including 12 randomized controlled trials (RCTs), 12 nonrandomized clinical trials, 11 uncontrolled studies, 1 cross-sectional study, and 1 examination of a single yoga session. The majority of participants experienced a decrease in systolic and/or diastolic blood pressure levels. Nevertheless, it is important to acknowledge that the studies examined in this review exhibited several potential biases, such as confounding variables related to lifestyle or other factors. As opined by Innes et al., (2005), additionally, it is worth noting that several of the studies had certain limitations, which may hinder the ability to identify a distinct effect attributed solely to the practice of yoga. Yoga and Metabolic/Endocrine Conditions

Glucose Regulation

According to Innes et al., (2005), three systematic reviews were conducted to investigate the impact of yoga on risk indices related to insulin resistance syndrome, risk profiles in adults diagnosed with type 2 diabetes mellitus as noted by Innes, K. E., & Vincent (2007), and the management of type 2 diabetes mellitus as stated by Aljasir et al., (2010). In a study conducted by Innes et al. (2014), several investigations were identified that examined the impact of yoga on variables associated with insulin resistance syndrome. Specifically, the studies included two randomized controlled trials (RCTs), two non-randomized controlled trials (non-RCTs), and eight uncontrolled clinical trials. The aforementioned studies documented a positive change in multiple measures among adult participants following the intervention. As inspired by Telles et al., (2012); Tement & Korunka (2013); Tilbrook et al., (2011); Lin et al., (2011); and Yang (2007), nevertheless, the outcomes exhibited heterogeneity across different populations, including healthy adults, adults at risk of cardiovascular disease, and adults diagnosed with type 2 diabetes, as well as variations in the study methodologies employed.

In a systematic review conducted by Aljasir et al. (2017), the focus was on the management of type 2 diabetes mellitus. As Sherman et al., (2011); Shorey et al., (2015), Singh et al., (1990); and Smith & Pukall (200), stated the duration of treatment in the studies under review exhibited considerable variability. For instance, Aljasir et al. (2010) reported treatment durations ranging from a 20-minute session per day to three to five 90-minute sessions. Innes & Vincent (2007), on the other hand, the study recorded treatment durations ranging from 3 to 4 hours per day over 8 days. Additionally, there were 2 sessions per day, each lasting between 25 and 35 minutes, for 3 months. Furthermore, the treatment involved 40 minutes per day for 6 months. Lastly, there were 72 sessions, each lasting 4 hours, conducted over 12 months. The Agency for Healthcare Research and Quality (AHRQ) cites two studies that examine the comparative impacts of yoga and medication on individuals diagnosed with type 2 diabetes. A notable reduction in fasting glucose levels was observed in one study, with statistical significance, whereas the other study demonstrated a comparatively smaller yet still significant enhancement. The researchers investigated the potential influence of variations in study populations and interventions on the observed heterogeneity of outcomes.

Menopausal Symptoms

According to Lee et al., (2009), one study conducted a comprehensive analysis of menopausal symptoms, examining three randomized controlled trials (RCTs), one non-randomized controlled trial (N-RCT), and three uncontrolled clinical trials. According to Lee et al., (2009), despite certain studies indicating positive outcomes, the available evidence is inadequate to support the notion that yoga is an efficacious intervention for menopause. The inclusion of five randomized controlled trials (RCTs) was observed in a recent systematic review. According to Cramer et al., (2012), these trials specifically investigated the impact of yoga on menopausal symptoms, with a particular focus on psychological symptoms, somatic symptoms, vasomotor symptoms, and/or urogenital symptoms.

Yoga and Musculoskeletal Conditions Musculoskeletal Functioning and Pain

As per the viewpoint of Büssing et al., (2012); Posadzki et al., (2011); and Cramer et al., (2013), three systematic reviews and two additional reviews were conducted to examine the impact of yoga on musculoskeletal function, in chronic pain conditions, and pain-associated disability as stated by Haaz & Bartlett (2011); Kelly (2009). According to Kelly, (2009) and Posadzki et al., (2011), two reviews specifically examined the topic of low back pain or arthritis noted by Cramer et al., (2013), whereas the remaining reviews provided an overview of studies about different chronic pain conditions, with a particular emphasis on musculoskeletal conditions and their associated disability. The study conducted by Posadzki et al. (2011) encompassed a total of 11 randomized controlled trials (RCTs) of varying methodological quality. The results of this meta-analysis revealed that 10 out of the 11 studies reported statistically significant improvements in favor of yoga when compared to various interventions such as "standard care, self-care, therapeutic exercises, relaxing yoga, touch, and manipulation, or no intervention". The study conducted a meta-analysis to examine the relationship between pain intensity/frequency and pain-related disability. According to Büssing et al., (2012), the analysis included a total of 16 studies, consisting of 5 randomized controlled trials (RCTs) with single blinding, 7 RCTs without blinding, and 4 non-RCTs.

Roland et al., (2011); and Shannahoff-Khalsa et al., (1999) stated that the studies that were examined encompassed various applications of yoga, such as the "alleviation of back pain (6 studies), the management of rheumatoid arthritis (2 studies), the treatment of headache/migraine (2 studies), as well as other indications including hemodialysis, irritable bowel syndrome. and labor pain". The aforementioned studies consistently documented favorable outcomes in support of the yoga interventions. Notwithstanding certain constraints in the study, there existed empirical support indicating that yoga could potentially offer utility in the management of various pain-related conditions. According to Murthy et al., (1997); Pilkington et al., (2005); Posadzki et al., (2011); and Raub (2002), therefore, it is imperative to conduct well-designed studies on a larger scale, incorporating appropriate controls for confounding variables and employing more comprehensive statistical analyses, to validate these encouraging results. Regarding chronic back pain, the available studies suggest that yoga demonstrated greater efficacy compared to control interventions, which encompassed usual care or conventional therapeutic exercises. Cramer et al., (2013) stated that, however, it is worth noting that certain studies did not find any significant differences between the groups. Two recent trials with sufficient sample sizes were conducted to evaluate the effectiveness of yoga in alleviating back pain. According to Tilbrook et al., (2011); Sherman et al., (2011), the results of these trials indicated that yoga provided clinically significant benefits compared to standard medical care, with the effects lasting for a period of 6 to 12 months after randomization. Sherman et al., (2011) stated that yoga did not demonstrate superiority over an intensive stretching intervention in terms of back pain relief.

Role of Yogic Attitudes for mental wellbeing

According to Bhavanani (2013), the attributes of an individual who possesses sound mental health The primary focus of Yoga revolves around the concept of the golden mean, known as "yukta," which entails the pursuit of a balanced and moderate approach. This philosophy emphasizes the continuous quest for equilibrium and a harmonious state of homeostatic balance as conducted by Bhavanani (2012); and Bhavanani (2011). Yoga can be understood as the unifying force that permeates life, constantly striving to bring together various streams into a cohesive and potent entity. The adherence to Yogic principles and their conscientious application engenders an internal equilibrium that bestows stability and tranquility, even amidst tumultuous circumstances. The ancient discipline of this scientific field provides its followers with a distinct route to the center of a turbulent situation, enabling them to maintain a steadfast inner equilibrium despite external chaos.

Some Yogic tools for mental health and well-being

According to Bhatt (2004), instruments for facilitating "psycho-physical harmony: Asana-s, kriya-s, mudra-s, and bandha-s" are practices within the realm of yoga that involve "static postures, systematic and rationale movements, seals of neuromuscular energy, and locks for neuromuscular energy". These practices aim to gently enhance the flexibility and strength of the musculoskeletal system in a manner that promotes overall health and well-being. These exercises enhance the range of motion of various joints and muscle groups. Additionally, there is a simultaneous enhancement in the overall functioning of the body systems, including respiration, circulation, metabolism, digestion, and elimination. These aspects of Yoga also contribute to the promotion of a general sense of health and well-being by facilitating the release of neurochemicals such as endorphins and enkephalins, which are associated with positive emotions as stated by Giri (1976). Strategies for managing emotional volatility: Swadhyaya, pranayama, pratyahara, dharana, dhyana, and bhajana are practices that have been observed to have the potential to stabilize emotional turmoil and alleviate stress and mental fatigue. Swadhyaya refers to the process of introspectional self-analysis, while pranayama involves the utilization of breathing techniques to regulate vital energy. Pratyahara entails the withdrawal of sensory stimuli, whereas dharana involves the cultivation of intense concentration. According to Bhavanani (2008), dhyana, on the other hand, pertains to the state of meditational oneness. Lastly, bhajana involves engagement in devotional music. They facilitate a significant sense of emotional equilibrium that is crucial for optimal well-being. Collaborative efforts also facilitate the attainment of emotional equilibrium, which is imperative for maintaining optimal well-being.

As inspired by Feuerstein (2003), the cultivation of suitable psychological dispositions: Yoga promotes the practice of adopting a metacognitive and objective perspective toward our ingrained behavioral patterns and cognitive processes. This facilitates our ability to effectively manage circumstances that typically impose physical and mental stress. Patanjali places significant emphasis on the cultivation of certain qualities as essential for individuals to attain mental equilibrium and exhibit humane characteristics as stated by Bhavanani (2011). The individual places significant emphasis on the concepts of abhyasa, which refers to persistent and constructive self-effort, vairagya, which pertains to maintaining an impartial and detached mindset, and ishwara pranidhana, which involves accepting and humbly acknowledging the universal plan. The

author proposes a solution to the widespread issue of stress by advocating for a shift in our internal mindset through the practice of pratipaksha bhavanam, which involves adopting contrasting attitudes when confronted with negative situations. The individual recommends cultivating mental clarity (chitta prasadanam) by embracing four intentional dispositions: Maitri (displaying friendliness towards individuals who possess inner peace), karuna (expressing compassion towards those experiencing suffering), mudita (experiencing joy in the presence of virtuous qualities), and upekshanam (maintaining indifference and avoiding engagement with harmful behaviors) as conducted by Bhavanani (2011); Bhavanani (2008).

All aspects of human psychophysiological functioning improved

When the breath is steady, emotions become more balanced

When the body is stilled, the mind starts to calm down

Conscious focus on the present moment-the NOW

Integration breath pattern with coordinated smooth body movements

Source: (Pandey & Navare, 2018)

As examined by Bhavanani (2008); and Giri (29176), the practice of contemplation, relaxation, and meditation encompasses a wide range of techniques derived from Jnana Yoga and Raja Yoga, which are beneficial. Additional techniques, such as trataka (focused gaze), "pranayama (breath control), pratyahara (withdrawal of the senses), dharana (concentration), and dhyana (meditation)", can also be employed. Relaxation plays a pivotal role in the practice of Yoga, as it facilitates the body's natural process of cellular rejuvenation and aids in alleviating physical, emotional, and mental stress. The process of self-healing can be enhanced through the cultivation of a state of relaxation. Indeed, it is frequently the case that our innate healing mechanisms are inadvertently impeded when we experience states of tension and anxiety.

According to Swami (1995), yoga serves as an effective means for individuals to purposefully progress from their primitive, sub-human state towards a more refined and compassionate human nature. In essence, the field of humanities encompasses the study of human existence, encompassing various aspects such as the promotion of life, its improvement, and its preservation. Through this discipline, individuals can fully realize and embody the inherent divine qualities that exist within each human being. Swadhyaya, satsanga (a gathering focused on spiritual discourse), bhajana sessions (devotional singing), and Yogic counseling are integral components of a Yogic lifestyle. It is imperative to acknowledge that the state of "Oneness" corresponds to a state of well-being, while the state of "Duality" is associated with a state of illness. As per the viewpoint of Giri (1976), one cannot persist in a state of solitude, despondency, and illness if one comprehends their interconnectedness within a remarkable, blissful, and balanced cosmic system. Spirituality refers to the subjective and individualized sense of connection that individuals experience with their inner selves. This can be significantly enhanced through deliberate introspection and self-examination. As one develops an understanding of the interconnectedness inherent in all manifestations of life, one also cultivates sentiments of gratitude, respect, and love. Our existence transforms into a state of altruistic devotion (nishkama seva) towards the betterment of humanity. At this juncture, an emanation of exuberance, affection, and overall wellness (Tejasvi) becomes apparent.

According to the Bhagavad Gita (VI:23), Yoga is alternatively described as "dukkhasamyogaviyogam yoga samjnitham," which denotes the deliberate detachment from the state of being united with suffering as stated by Bhavanani (2013), Girii, (1976). The practice of yoga has been found to enhance an individual's pain tolerance and contribute to an enhanced quality of life. It can be asserted with confidence that Yoga facilitates the endurance of conditions that may not be amenable to complete resolution. Enhancing the quality of life for patients in end-of-life scenarios is crucial, as it ensures that they experience an improved sense of well-being during their remaining days and moments in existence. Yoga can also provide advantages to caregivers of terminally ill patients who experience significant personal stress, as it facilitates the recognition that our optimal self-fulfillment as individuals is achieved through altruistic acts of assistance.

Perspective from Traditions of Yoga and Ayurveda concerning well-being in the workplace Yoga and Well-Being: Perspective and Intervention

According to De Michelis (2005), the historical origins of Yoga can be traced back to ancient India, with a history spanning approximately 5,000 years. Yoga, throughout its historical development, has placed significant emphasis on various essential elements, including the comprehensive well-being encompassing physiological, mental, emotional, and spiritual dimensions, as well as the cultivation of awareness and the pursuit of transcending toward the ultimate reality as conducted by Ivtzan & Papantoniou (2014). Yoga embodies a traditional and time-honored comprehensive approach to human existence, encompassing the "physical, mental, moral, and spiritual aspects of life". While Yoga encompasses various branches such as "Raja Yoga, Jnana Yoga, Karma Yoga, and Bhakti Yoga", each emphasizing specific skills, its fundamental aim remains selftransformation as examined by Feuerstein (2013). According to Feuerstein (2011), the Yogic path was given a structured framework by the sage Patanjali, consisting of eight limbs. This framework, known as Ashtanga Yoga, played a significant role in shaping Yoga into its classical form. The Yoga Sutras of Patanjali provides a comprehensive framework for the various categories of yogic practices. These include moral practices, which involve ethical behavior in interpersonal interactions (referred to as Yama); self-discipline, which encompasses ethical conduct directed towards oneself (known as niyama); "physical postures and exercises (referred to as asana); breath regulation (pranayama); sensory withdrawal, which involves minimizing sensory input (referred to as pratyahara); concentration", which entails effortful and focused attention (referred to as Dharana); meditation, which involves effortless and continuous flow of attention (referred to as dhyana); and self-transcendence (referred to as samadhi) as narrated by Stone (2009). The eight limbs, when considered as a whole, can be seen as an integrated system that serves to regulate thoughts, emotions, and behaviors, as well as enhance overall well-being as observed by Cope (1999).

Ayurveda: An Approach and System for Well-Being

As per the viewpoint of Dasgupta (1992); and Mukherjee & Wahile (2006), throughout history, India has served as a central hub for a multitude of traditions that have contributed to the diverse realms of food, medicine, and health. Ayurveda, which traces its roots back to ancient India, stands as one of the most ancient systems of traditional medicine globally, with a history of practice in the Indian subcontinent dating back to 5000 BC. The etymology of the term Ayurveda can be traced back to the Sanskrit language, where it is formed by combining two words, namely "Ayu, meaning life, and Veda, meaning knowledge". Ayurveda is primarily focused on the aspects of health and well-being as conducted by Manohar (2013); and Payyappallimana & Venkatasubramanian (2016). Additionally, Ayurveda delineates a lifestyle guided by three objectives: praneshana, which pertains to the aspiration for a prolonged and healthy life; dhaneshana, which encompasses the desire for financial and material stability; and paralokeshana, which involves the pursuit of happiness in the afterlife as observed by Salema et al., (2002).

Health and Well-Being in Ayurveda

According to Ayurveda and Sharma et al., (2007), health is referred to as "swastha," a Sanskrit term denoting a state of stability in one's true self, encompassing comprehensive equilibrium in physical, mental, and spiritual well-being. This is consistent with the 1948 World Health Organisation (WHO) definition of health, which states that health is not just the absence of disease or infirmity but rather a state of complete physical, mental, and social well-being. Health, in the salutogenic paradigm, is seen as the actualization of desirable traits and the achievement of optimal functioning. From this perspective, Ayurveda presents a constructive outlook on health that encompasses cognitive processes, emotional experiences, and the general condition of existence. Health is conceptualized as an internal regulatory system that aims to achieve and sustain optimal well-being through harmonious and balanced integration of the various constituent elements that comprise an individual's constitution. In contrast, an illness denotes a deviation from the norm in the regulatory system, resulting in a suboptimal condition. Ayurveda also encompasses the concept of swasthavritta, which refers to a tailored approach to maintaining health. This approach involves the utilization of medicinal herbs, dietary practices, lifestyle choices, self-awareness, and fostering harmonious relationships with both others and the natural environment. In addition, Ayurveda aligns with the concept of salutogenesis, as both approaches strive to promote positive health outcomes. This involves cultivating positive capabilities to enhance one's overall state of health, even in the presence of illness as narrated by Morandi et al., (2011).

As opined by Frawley & Ranade (2001); and Patwardhan (2014), ayurveda, characterized by its comprehensive approach, emphasis on early detection, and individualized therapeutic interventions, seeks to not only remedy illnesses but also proactively prevent them, sustain well-being, and foster longevity. In line with existing literature, it can be observed that Ayurveda exhibits notable resemblances to the progressive paradigm of predictive, preventive, and personalized medicine (PPPM) as noticed by di Sarsina et al., (2012). Moreover, Ayurveda places its emphasis on a diverse range of factors, including biological, ecological, medical, psychological, sociocultural, spiritual, and metaphysical elements that contribute to the understanding of health. It also highlights the significance of the concept of relationship as the fundamental basis that links these various determinants together. The coexistence and interplay of these factors, with their intricate nature, pave the path for the emergence of the concept commonly referred to as health. Consequently, the aforementioned comprehensive system endeavors to address the holistic balance of an individual's bio-psycho-spiritual well-being as conducted by Morandi et al., (2011).

Yoga and Ayurveda: The Convergence of Philosophical Basis and the Fundamental Concepts

As opined by Dasgupta (1975), there exist six orthodox systems of Indian philosophy, known as darshanas, which include "Samkhya, Yoga, Nyaya, Vaisheshika, Purvamimamsa, and Vedanta". The Samkhya school of Indian philosophy holds the distinction of being the most ancient among its counterparts, exerting a significant influence on the development of various branches of Indian philosophical thought. The Samkhya philosophy has not only provided the fundamental principles for the practice of Yoga but has also significantly contributed to the advancement of Ayurveda by establishing its theoretical framework as narrated by Frawley (1997). The Samkhya system provides a framework for understanding the process of

ATOMIC SPECTROSCOPY 287 At. Spectrosc. 2024, 45(1)
ISSN: 2708-521X

creation and evolution, elucidating the mechanisms through which the manifestation of creation occurs. The Samkhya system is founded upon a set of 24 principles that play a crucial role in the process of the universe's development, spanning from cosmic energy to the formation of matter as observed by Lad (2002); Feuerstein (2013); Rhoda (2014). Purusha symbolizes the state of pure consciousness, which is associated with the Divine Masculine. It is characterized by its infinite and formless nature and is not actively involved in the process of creation. In contrast, Prakruti is regarded as the embodiment of the Divine Feminine and is considered the origin of creation. It symbolizes the capacity for creativity, the divine volition, and the consciousness of making choices as examined by Lad (2002). The combination of Purusha and Prakruti results in the manifestation of that, which represents the transcendent consciousness or the all-encompassing intellect. According to Haas (2014), the process of individualization in Mahat is referred to as buddhi, which represents the intelligence associated with cognitive thinking and rationality. The term "mahat manifests ahamkara" refers to the concept of ego in Indian philosophy. The ego is understood as the embodiment of individual consciousness and the fundamental recognition of one's existence. Moreover, the concept of ahamkara leads to the emergence of manas, which refers to the cognitive faculty of the mind that functions through sensory perception and is primarily involved in emotional processing, volitional action, and creative imagination as per the viewpoint of Lad (2002); Haas (2014).

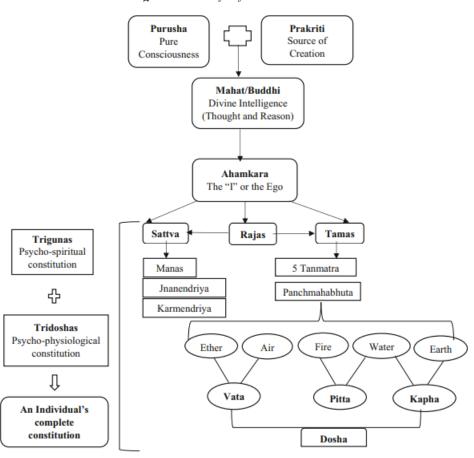


Figure 2: Samkhya system: model of creation

Source: (Lad, 2002)

According to Lad (2002), the three gunas, namely "sattva, rajas, and tamas", represent the fundamental universal qualities. The Sattva and Tamas gunas, in isolation, exhibit a state of inactivity and necessitate the presence of Rajas as a driving force to initiate motion. The organic world is composed of the "jnanendriya (five sense faculties), karmendriya (five faculties of action), and manas (the mind), which evolve from ahamkara under the influence of sattva and rajas gunas". Moreover, ahamkara, which emerges from the qualities of tamas and rajas, gives rise to panchamahabhuta (the five fundamental elements) and tantra (the five subtle elements), thus forming the inorganic realm. The five elements known as panchamahabhuta in ancient Indian philosophy are earth (Prithvi), water (aapas), fire (Tejas), air (vayu), and ether (Akash). Analogous to the three universal gunas that permeate all entities, every aspect of creation is a fusion of the five fundamental elements, wherein the predominance of one or two elements contributes to the composition of a specific object. Furthermore, the fundamental elements are defined by a synthesis of the three gunas. According to Lad (2002), the perception of the fundamental elements is facilitated by the five sense faculties, while the objects of these senses are comprised of the subtle elements known as tanmatras.

Gunas

Stoler-Miller, (1998), (2004); Miller, (2012); Larson, (2001) stated that the world is comprised of three gunas, which are qualities referred to as sattva, rajas, and tamas. According to Frawley (1999), these entities represent the fundamental energy

that permeates every aspect of existence, including physical entities, thoughts, actions, and the functioning of the ether. The Samkhya Karika, "Bhagavad Gita, and Patanjali's Yoga Sutras" are significant texts that expound upon the concept of gunas and their corresponding physical, mental, and behavioral characteristic. The gunas are governed by two fundamental laws. The initial concept is referred to as "the law of alternation," which signifies the interconnectedness and mutual influence of the three gunas. The second law refers to the "law of continuity," which states that the gunas until they stabilize, tend to maintain their respective natures for a specific duration as narrated by Frawley (1999). The dynamic interaction among the three gunas signifies a relationship characterized by both perpetual conflict and collaboration. The manifestation of phenomena and the subjective condition of an individual is determined by the prevailing guna. According to Sinha (2011), an individual's level of intelligence, activity, and indolence, as well as their overall well-being, can be attributed to the predominance of a particular guna. Hence, the state of samyavastha, which refers to the equilibrium of the three elements, is believed to be the key to an individual's well-being.

Table 1: Description of Gunas

Particulars	Sattva guna	Rajas guna	Tamas guna
Description	The element of pleasure (pure joy), calmness, and balance that assists in the function of illumination	The quality of energy, turbulence, and pain that facilitates the function of activity, creativity, and motivation. <i>Rajas</i> can also underlie anger and greed	The quality of inertia, confusion, and indifference that serves to resist or restrain. <i>Tamas</i> may foster experiences that include stillness or groundedness; it may also engender dullness, apathy, negligence, or ignorance
Attributes	A sattvik constitution indicates an individual endowed with control of emotions, thoughts, and actions. One is pureminded, virtuous and righteous (follows dharma), and compassionate and capable of endearing all ordeals and hardships through willpower	An individual with rajasik constitution has desires that culminate to attachments and is egotistical, ambitious, proud, competitive, and controlling	An individual with tamasik orientation is indolent, depressed, irresponsible, and self-serving
Maladaptive state associated	Preponderance of sattva may engender excessive dependence and attachment to the quality of joy	Preponderance of <i>rajas</i> may increase anger, agitation, or anxiety	Preponderance of <i>tamas</i> may lead to illusion, misconception, inertia, or obscuration

Source: (Sinha, 2011)

As cited in Sullivan et al., (2018); Mishra et al., (2001); Haas (2014), the concept of "doshas" is a fundamental aspect of Ayurvedic medicine. The panchamahabhuta, also known as the five elements, are the fundamental constituents of all existing matter. These elements serve as the essential components in the creation of all entities. The universe is structured upon three fundamental forces: energy, light, and matter, which operate in conjunction with three elemental constituents, namely air, fire, and water. According to Frawley (1999), the three doshas, namely vata, pitta, and kapha, are formed when the three essential components are infused with the vital life force known as prana. These are the essential bioactive components that function at the cellular and subcellular levels. The doshas, which are integral to the functioning of the body, are influenced by both internal (microcosm) and external (macrocosm) factors, resulting in changes in their qualities, such as a decrease or increase in specific attributes as stated by Dalal & Misra (2011). According to Rhoda (2014), the three doshas, vata, pitta, and kapha, are the foundation of all human characteristics, activities, and patterns of health and illness. The psychobiological and physiopathological changes are under the governance of these factors as conducted by Haas (2014). Furthermore, there exists an association between these factors and specific genes, as well as a correlation with variations in the genome as examined by Govindaraj et al., (2015). Moreover, according to the systems theory, "the doshas encompass biologically ubiquitous mechanisms that govern the essential functions categorized as input and output (vata), throughput or turnover (pitta), and storage (kapha) as observed by Hankey (2005). Table 2 provides a comprehensive analysis of the functions, notable characteristics, and physiological and psychological attributes associated with the constitutions, also known as tridoshas" as narrated by Frawley (1999); and Mishra et al. (2001).

Prana, Tejas, and Ojas

According to Frawley (1999), "Prana, Tejas, and Ojas" are the metaphysical counterparts of the three doshas (vata, pitta, and kapha respectively). These three entities are commonly referred to as the essential factors that influence psychological

functioning, contribute to the maintenance of positive energy, and motivate individuals to pursue spiritual growth. The concepts of prana, tejas, and ojas exhibit a close interrelation and can be seen as analogous to the Chinese notions of "chi (vital energy), the Yang (fire), and the Yin (water)". Prana represents the fundamental life force. The subtle energy referred to in this context is the underlying force that governs various psychophysical functions, including respiration, circulation, and the coordination of breath, senses, and mind. At an intrinsic level, prana is primarily focused on the exploration and attainment of elevated levels of consciousness. The concept of prana plays a crucial role in facilitating the circulation of ojas, a vital substance, throughout the human body. Additionally, prana is responsible for the rekindling of Tejas, another essential element within the body. Within the realm of pranic energy, there exist two fundamental pranas, namely prana, and apana, which can be further classified into five distinct pranas. The five primary forms of breath in the yogic tradition are prana (the act of inhaling or taking a breath in), apana (the act of exhaling or releasing breath), samana (the act of balancing or equalizing breath), udana (the act of upward breath), and vyana (the act of expansive or all-encompassing breath). The augmentation of prana facilitates the cultivation of the necessary attributes such as drive, creativity, and adaptability that are integral to the pursuit of spiritual enlightenment.

Tejas is characterized as an embodiment of profound intellectual acumen, likened to a fervent flame that radiates pure cognitive brilliance. It signifies the cognitive capacity at the cellular level that regulates the process of respiratory assimilation and cognitive absorption. At its core, Tejas is focused on discovering and developing heightened perceptual abilities. Additionally, it aids in the maintenance of optimal levels of ojas and prana. Enhanced tejas confer individuals with the qualities of bravery, fearlessness, and discernment, thereby empowering them to make decisions and embark upon the journey of spiritual enlightenment. Ojas can be understood as the metaphysical manifestation of the elemental energy of water. The immune system can be considered as the fundamental component that underlies all bodily tissues, serving as the foundation for both physical and mental resilience. It symbolizes the fundamental constituents of assimilated nourishment, liquid, atmospheric gases, cognitive processes, and sensory stimuli. At a deeper level, ojas is primarily focused on establishing a fundamental basis for the cultivation and advancement of various cognitive abilities. The augmentation of ojas facilitates the cultivation of tranquility, self-assurance, and forbearance during the sustained progression along the spiritual journey.

Table 2: Description of Doshas

Particulars	Vata dosha	Pitta dosha	Kapha dosha
Composition (five elements)	Ether and air	Fire and water	Water and earth
Description	Concerned with the mode of movement within the body and therefore governs nerve impulses, circulation, respiration, and elimination	Governs the process of transformation or metabolism by regulating digestion, absorption, assimilation, temperature, skin coloration, and luster of eyes	Responsible for growth, adding structure, and governs the lubrication of the body to offer protection and directly influences the emotions
Inner-level function	Responsible for maintaining sensory, emotional, and mental harmony, and it facilitates mental adaptability and comprehension	Regulates digestion on mental and spiritual levels, i.e., our capacity to digest impressions, emotions, and ideas to arrive at the truth	Concerned with emotions it endows us with love and caring, devotion, and faith, which assists in maintaining internal harmony along with unity with others
Traits associated	Creativity, enthusiasm, speed, responsiveness, and the drive to achieve goals in life	Intelligence, courage, and vitality	Steadiness, calmness, and compassionate
Psychological attributes	An individual with <i>vata</i> constitution is characterized by short memory, impulsive, shy, and sensitive	Psychologically, pitta engenders anger, hate, and jealousy	Psychologically, kapha also engenders emotions of attachment such as greed and envy
Physical attributes	Classically thin with low body weight and low bone structure	A medium or athletic build with medium height and delicate frame	A well-developed body with a tendency to gain weight

Source: (Frawley, 1999)

Jiva or the Person

According to Frawley (1999), the essence of a human being extends beyond the external manifestation it presents, encompassing more than the visible form and features of the physical body. The concept being referred to is a compilation of three entities that incorporate both the physical components and the more intricate aspects of the psyche, serving as protective coverings for the authentic essence of an individual. In alternative terms, the definition of a human being is contingent upon the mind-body complex, which lacks clear delineation and manifests across a spectrum ranging from tangible to intangible states as inspired by Parker (2017).

Pancha kosha

As opined by Dasgupta (1975), Vedanta, in conjunction with Yoga, constitutes two of the six principal systems of Indian philosophy, offering comprehensive theories that are derived from the interpretation of the Upanishadic texts. "The Taittiriya Upanishad" expounds upon the Vedic understanding of the mind-body complex, referred to as jiva. The nature of human existence can be understood as a series of layers that progressively unfold within oneself, corresponding to the individual's expanding levels of consciousness. The superimposition of the five sheaths, also known as Pancha kosha, is indicative of the lack of understanding regarding the true nature of reality as per the viewpoint of Pandey & Navare (2018). According to Pandit & Satish (2014), the koshas do not exist as separate sections, but rather coexist and interact with one another. The annamaya refers to the aspect of human existence that pertains to the physical body, representing the materialistic nature and initial attachment to a self-identity confined within the physical form. All aspects of one's health-mental, physical, and spiritual—are contained within the pranamaya, the realm of vital breath or the sheath associated with vitality. This subject matter pertains to the realm of emotions and gives rise to self-centered aspirations, dichotomies, and differentiation. The vignanamaya dimension encompasses the faculties of reasoning and cognition, facilitating the comprehension of ideas and concepts to gain knowledge about the world. Lastly, the anandamaya represents the realm characterized by unadulterated bliss and an optimal state of being. At this level, dualities and distinctions are not entirely eradicated but rather reconciled to such an extent that individuals perceive a state of deep relaxation and bliss (ananda) as conducted by Paranipe (2006); Pandit & Satish 2014; Pandey & Navare (2018).

As stated by Pandey & Navare (2018), the three entities referred to as "bodies" in this context are the locations where the five sheaths are found, as indicated in Table 3. The most internal layer, known as the annamaya kosha, encompasses the "physical body" (sthula sarira). The subsequent three layers, namely pranamaya, manomaya, and vignanamaya koshas, collectively constitute what is commonly referred to as the "subtle body" or suksma sarira. The outermost layer of the human being, known as the sheath of bliss or anandamaya kosha, is composed of what is referred to as the "causal body" or karana sarira. Upon the removal of the final sheath, only the unadulterated essence of the core persists, embodying absolute non-duality that defies expression, lying beneath the five sheaths and the three bodies.

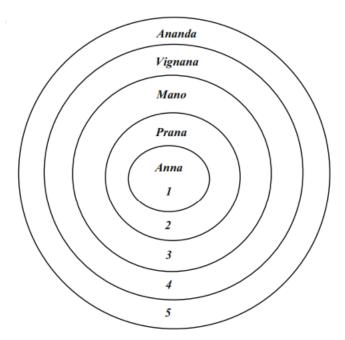


Figure 3: The Pancha Kosha (the five sheaths)

Source: (Pandey & Navare, 2018)

Table 3: The five sheaths and three bodies

	Sheath	Body
1	Annamaya (physicality)	Sthula sarira (gross body)
2	Pranamaya (vitality)	Suksma sarira (subtle body)
3	Manomaya (emotionality)	
4	Vignanamaya (cognition)	
5	Anandamaya	Karana sarira (causal body)

Source: (Pandey & Navare, 2018)

FINDINGS AND DISCUSSION

Yoga, a time-honored cultural tradition originating from India, conceptualizes health and well-being as a fluid continuum inherent to human nature, rather than a static condition to be achieved and sustained (Bhavanani, 2013). According to Yogi Swatmarama, the renowned author of the Hathayoga Pradipika, a prominent text in the field of Hatha Yoga, individuals who diligently engage in the practice of Yoga can achieve success regardless of their age, physical condition, or state of health. "Yoga presents a conceptualization of the human being as a multi-layered conscious entity, characterized by three bodies or sharira (sthula-gross, sukshma-subtle, and Karana-causal), and encompassing a five-layered existence (pancha kosha) that includes our anatomical, physiological, psychological, intellectual, and universal existential layers (Giri, 1976; Bhavanani, 2008)". Yoga, as a practice of conscious living, facilitates the individual in achieving and sustaining a state of dynamic sukha sthanam, which can be described as a dynamic state of physical, mental, and spiritual wellness. According to the Bhagavad Gita (II: 48), Yoga is defined as samatvam, which signifies a state of harmonious equilibrium and balance across all levels. This concept can also be interpreted as an optimal condition of dynamic wellness, in which physical homeostasis, emotional equilibrium, and mental composure coexist harmoniously.

CONCLUSION AND RECOMMENDATION

Yoga, regarded as the original mind-body medicine, stands as a significant aspect of the distinctive cultural heritage of India. The interdisciplinary nature of art and science presents significant contributions to humanity's comprehension of the human mind and the complexities of our existence (Bhatt, 2004). The adoption of a yogic lifestyle, adherence to a yogic diet, cultivation of yogic attitudes, and engagement in diverse yogic practices collectively contribute to the enhancement of an individual's physical and mental well-being, thereby equipping them with the ability to effectively cope with stress (Bhavanani, 2013). The attainment of Yogic "health insurance" is accomplished through the normalization of stress perception, the optimization of stress response, and the effective release of stress through diverse practices. Yoga is a comprehensive and holistic discipline that encompasses various dimensions of well-being, addressing the health needs of individuals and society as a whole. Yoga facilitates the cultivation of a suitable mindset in approaching challenges, thereby enabling individuals to address them with efficacy and efficiency (Giri, 1976). The cultivation of an attitude encompassing the will (iccha shakti) to enact change (kriya shakti) in areas amenable to change, the strength to embrace that which is unchangeable, and the wisdom (inana shakti) to discern between the two, is imperative. The cultivation of an attitude characterized by the release of concerns and problems, coupled with an enhanced comprehension of our cognitive processes, contributes to the establishment of a state of equilibrium within our physical and mental faculties (Feuerstein, 2003). This state of disharmony, commonly referred to as 'aadi-vyadhi' or psychosomatic disorders, is primarily attributed to imbalances within the mind-body complex.

- Ancient Indian philosophy and wisdom like that found in yoga and the Taittiriya Upanishad can play a pivotal role in improving one's quality of life. The physical postures (asanas) and exercises that make up yoga are designed to increase mobility, stamina, and stability. Better health and more energy are just two of the many benefits that accrue from consistent practice that enhances well-being (Bhavanani, 2012).
- Yoga emphasizes meditation and awareness practices that have been shown to alleviate psychological distress.
 Relaxation and clarity of thought are the results of practices like meditation and deep breathing (pranayama).
 Yoga's emphasis on introspection and self-acceptance promotes psychological health by fostering insight into and control over one's emotional state. Yoga provides a means of introspection and enlightenment for those who seek it. It has the potential to bring about lasting contentment by providing direction in life and calming the mind.
- By stimulating the body's relaxation response, yoga helps lower cortisol and other stress hormone levels (Swami, 1995). The ancient Hindu text Taittiriya Upanishad contains profound spiritual and philosophical insights that can improve one's quality of life. According to the Upanishad, the Atman, or the true self or soul, is the same as Brahman, or the ultimate reality. Understanding this oneness can bring about profound contentment and peace of mind. Ethical values like truth, nonviolence, and compassion are emphasized throughout the Upanishad (Bhavanani, 2011).

REFERENCES

1. Aljasir, B., Bryson, M., & Al-Shehri, B. (2010). Yoga practice for the management of type II diabetes mellitus in adults: a systematic review. Evidence-Based Complementary and Alternative Medicine, 7, 399-408.

- Bhatt, G. P. (Ed.). (2004). The Forceful Yoga: Being the Translation of Hathayoga-pradīpikā, Gheraṇḍa-samhitā and Śiva-samhitā. Motilal Banarsidass Publ..
- 3. Bhavanani, A. B. (2008). A Yogic approach to stress. Pondicherry, India: Dhivyananda Creations.
- 4. Bhavanani, A. B. (2011). Understanding the yoga darshan. Pondicherry, India: Dhivyananda Creations.
- 5. Bhavanani, A. B. (2013). Yoga Chikitsa: The application of Yoga as a therapy. Pondicherry, India: Dhivyananda Creations, 2.
- 6. Bhavanani, Y. M. D. (2012). The history of yoga from ancient to modern times.
- 7. Boehm, K., Ostermann, T., Milazzo, S., & Büssing, A. (2012). Effects of yoga interventions on fatigue: a metaanalysis. Evidence-Based Complementary and Alternative Medicine, 2012.
- 8. Borman, W. C., Penner, L. A., Allen, T. D., & Motowidlo, S. J. (2001). Personality predictors of citizenship performance. International journal of selection and assessment, 9(1-2), 52-69.
- 9. Bower, J. E., Woolery, A., Sternlieb, B., & Garet, D. (2005). Yoga for cancer patients and survivors. Cancer control, 12(3), 165-171.
- 10. Bowling, N. A., Hendricks, E. A., & Wagner, S. H. (2008). Positive and negative affectivity and facet satisfaction: A meta-analysis. Journal of Business and Psychology, 23, 115-125.
- 11. Brown, R. P., & Gerbarg, P. L. (2005). Sudarshan Kriya yogic breathing in the treatment of stress, anxiety, and depression: part I—neurophysiologic model. Journal of Alternative & Complementary Medicine, 11(1), 189-201
- 12. Büssing, A., Ostermann, T., Lüdtke, R., & Michalsen, A. (2012). Effects of yoga interventions on pain and pain-associated disability: a meta-analysis. The Journal of Pain, 13(1), 1-9.
- 13. Cohen, T. R., Panter, A. T., & Turan, N. (2013). Predicting counterproductive work behavior from guilt-proneness. Journal of Business Ethics, 114, 45-53.
- 14. Cope, S. (2018). Yoga and the quest for the true self. Bantam.
- 15. Cramer, H., Lange, S., Klose, P., Paul, A., & Dobos, G. (2012). Can yoga improve fatigue in breast cancer patients? A systematic review. Acta oncologica, 51(4), 559-560.
- 16. Cramer, H., Lauche, R., Haller, H., & Dobos, G. (2013). A systematic review and meta-analysis of yoga for low back pain. The Clinical journal of pain, 29(5), 450-460.
- 17. Cramer, H., Lauche, R., Langhorst, J., & Dobos, G. (2012). Effectiveness of yoga for menopausal symptoms: a systematic review and meta-analysis of randomized controlled trials. Evidence-Based Complementary and Alternative Medicine, 2012.
- 18. Dalal, A. K., & Misra, G. I. R. I. S. H. W. A. R. (2011). Psychology of health and well-being: Emergence and development. In New Directions in Health Psychology (pp. 1-45). New Delhi: Sage Publications.
- 19. Dasgupta S (1992) A history of Indian philosophy. Motilal Banarsidass Publishers Private Limited, New Delhi
- 20. Dasgupta, S. (1975). A history of Indian philosophy (Vol. 2). Motilal Banarsidass Publ..
- 21. De Michelis, E. (2005). A history of modern yoga: Patanjali and western esotericism. A&C Black.
- 22. Deci, E. L., & Ryan, R. M. (2000). The" what" and" why" of goal pursuits: Human needs and the self-determination of behavior. Psychological inquiry, 11(4), 227-268.
- 23. Feuerstein G (2011) The encyclopedia of yoga and tantra. Boston, Shambhala
- 24. Feuerstein G (2013) The psychology of yoga. Boston, Shambhala
- 25. Feuerstein, G. (2003). The deeper dimension of yoga: Theory and practice. Shambhala Publications.
- 26. Frawley D (1997) Ayurveda and the mind: the healing of consciousness. Lotus Press, Twin Lakes
- 27. Frawley D (1999) Yoga and Ayurveda. Lotus Press, Twin Lakes
- 28. Frawley D, & Ranade S (2001) Ayurveda, nature's medicine. Lotus Press, Twin Lakes
- 29. Giluk, T. L. (2009). Mindfulness, Big Five personality, and affect: A meta-analysis. Personality and Individual Differences, 47(8), 805-811.
- 30. Giri, G. S. (1976). Yoga: Step-by-Step.
- 31. Govindaraj, P., Nizamuddin, S., Sharath, A., Jyothi, V., Rotti, H., Raval, R., ... & Thangaraj, K. (2015). Genomewide analysis correlates Ayurveda Prakriti. Scientific reports, 5(1), 15786.
- 32. Green, M., DeCourville, N., & Sadava, S. (2012). Positive affect, negative affect, stress, and social support as mediators of the forgiveness-health relationship. The Journal of social psychology, 152(3), 288-307.
- 33. Haas, N. (2014). Health and consciousness through Ayurveda and Yoga. MA Center.
- 34. Haaz, S., & Bartlett, S. J. (2011). Yoga for arthritis: a scoping review. Rheumatic Disease Clinics, 37(1), 33-46.
- 35. Hankey A (2005) The scientific value of Ayurveda. J Altern Complement Med 11(2):221-225
- 36. Heppner, W. L., Kernis, M. H., Lakey, C. E., Campbell, W. K., Goldman, B. M., Davis, P. J., & Cascio, E. V. (2008). Mindfulness as a means of reducing aggressive behavior: Dispositional and situational evidence. Aggressive Behavior: Official Journal of the International Society for Research on Aggression, 34(5), 486-496.
- 37. Innes, K. E., & Vincent, H. K. (2007). The influence of yoga-based programs on risk profiles in adults with type 2 diabetes mellitus: a systematic review. Evidence-Based Complementary and Alternative Medicine, 4, 469-486.
- 38. Innes, K. E., Bourguignon, C., & Taylor, A. G. (2005). Risk indices associated with the insulin resistance syndrome, cardiovascular disease, and possible protection with yoga: a systematic review. The Journal of the American Board of Family Practice, 18(6), 491-519.
- 39. Ivtzan, I., & Papantoniou, A. (2014). Yoga meets positive psychology: Examining the integration of hedonic (gratitude) and eudaimonic (meaning) wellbeing in relation to the extent of yoga practice. Journal of bodywork and movement therapies, 18(2), 183-189.
- 40. Jacob, K. S., & Krishna, G. S. (2003). The Ramayana and psychotherapy. Indian Journal of Psychiatry, 45(4), 200.
- 41. Jayasinghe, S. R. (2004). Yoga in cardiac health (a review). European Journal of Preventive Cardiology, 11(5), 369-375.

- 42. Jeter, P. E., Slutsky, J., Singh, N., & Khalsa, S. B. S. (2015). Yoga as a therapeutic intervention: a bibliometric analysis of published research studies from 1967 to 2013. The Journal of Alternative and Complementary Medicine, 21(10), 586-592.
- 43. Judge, T. A., Thoresen, C. J., Pucik, V., & Welbourne, T. M. (1999). Managerial coping with organizational change: A dispositional perspective. Journal of applied psychology, 84(1), 107.
- 44. Kelly, Z. (2009). Is yoga an effective treatment for low back pain: a research review. International Journal of Yoga Therapy, 19(1), 103-112.
- 45. Kirkwood, G., Rampes, H., Tuffrey, V., Richardson, J., & Pilkington, K. (2005). Yoga for anxiety: a systematic review of the research evidence. British journal of sports medicine, 39(12), 884-891.
- 46. Krisanaprakornkit, T., Sriraj, W., Piyavhatkul, N., & Laopaiboon, M. (2006). Meditation therapy for anxiety disorders. Cochrane Database of Systematic Reviews, (1).
- 47. Lad V (2002) Textbook of Ayurveda. Ayurvedic Press, New Mexico
- 48. Lang, R., Dehof, K., Meurer, K. A., & Kaufmann, W. (1979). Sympathetic activity and transcendental meditation. Journal of Neural Transmission, 44, 117-135.
- 49. Larson, G. J. (2001). Classical Sāmkhya: An interpretation of its history and meaning. Motilal Banarsidass Publ..
- 50. Lee, M. S., Kim, J. I., Ha, J. Y., Boddy, K., & Ernst, E. (2009). Yoga for menopausal symptoms: a systematic review. Menopause, 16(3), 602-608.
- 51. Lin, K. Y., Hu, Y. T., Chang, K. J., Lin, H. F., & Tsauo, J. Y. (2011). Effects of yoga on psychological health, quality of life, and physical health of patients with cancer: a meta-analysis. Evidence-Based Complementary and Alternative Medicine, 2011.
- 52. Manjula, M., Kumariah, V., Prasadarao, P. S. D. V., & Raguram, R. (2009). Cognitive behavior therapy in the treatment of panic disorder. Indian Journal of Psychiatry, 51(2), 108.
- 53. Manohar, P. R. (2013). Subjective well-being and health: A potential field for scientific enquiry into the foundational concepts of Ayurveda. Ancient Science of Life, 33(2), 79.
- 54. Miller, R. (2012). The samkhya karika. San Rafael, CA: Integrative Restoration Institut.
- 55. Mishra, L. C., Singh, B. B., & Dagenais, S. (2001). Ayurveda: a historical perspective and principles of the traditional healthcare system in India. Alternative therapies in health and medicine, 7(2), 36-43.
- 56. Morandi, A., Tosto, C., Roberti di Sarsina, P., & Dalla Libera, D. (2011). Salutogenesis and Ayurveda: indications for public health management. EPMA Journal, 2(4), 459-465.
- 57. Mukherjee, A., Mukhi, S., & Pakman, A. (2007). FZZ algebra. Journal of High Energy Physics, 2007(01), 025.
- 58. Murthy, P. N. V., Gangadhar, B. N., Janakiramaiah, N., & Subbakrishna, D. K. (1997). Normalization of P300 amplitude following treatment in dysthymia. Biological Psychiatry, 42(8), 740-743.
- 59. Ospina, M. B., Bond, K., Karkhaneh, M., Tjosvold, L., Vandermeer, B., Liang, Y., ... & Klassen, T. P. (2007). Meditation practices for health: state of the research. Evidence report/technology assessment, (155), 1-263.
- Pandey, A., & Navare, A. V. (2018). Paths of yoga: Perspective for workplace spirituality. The Palgrave handbook of workplace spirituality and fulfillment, 1, 101-126.
- 61. Pandit, S. A., & Satish, L. (2014). When does yoga work? Long term and short term effects of yoga intervention among pre-adolescent children. Psychological Studies, 59(2), 153-165.
- 62. Paranjpe AC (2006) Self and identity in modern psychology and Indian thought. Kluwer Academic Publishers, New York
- 63. Parker, S. (2017). Clearing the path: the yoga way to a clear and pleasant mind: Patañjali, neuroscience, and emotion. Ahymsa Publishers.
- 64. Patwardhan, B. (2014). Bridging Ayurveda with evidence-based scientific approaches in medicine. EPMA Journal, 5, 1-7.
- 65. Payyappallimana, U., & Venkatasubramanian, P. (2016). Exploring ayurvedic knowledge on food and health for providing innovative solutions to contemporary healthcare. Frontiers in public health, 4, 57.
- 66. Pilkington, K., Kirkwood, G., Rampes, H., & Richardson, J. (2005). Yoga for depression: the research evidence. Journal of affective disorders, 89(1-3), 13-24.
- 67. Posadzki, P., Ernst, E., Terry, R., & Lee, M. S. (2011). Is yoga effective for pain? A systematic review of randomized clinical trials. Complementary therapies in medicine, 19(5), 281-287.
- 68. Prabhavananda, S. (2012). Bhagavad Gita-The Song of God. Read Books Ltd.
- 69. Rao, A. V. (2002). 'Mind'in Indian Philosophy. Indian Journal of Psychiatry, 44(4), 315.
- 70. Raub, J. A. (2002). Psychophysiologic effects of Hatha Yoga on musculoskeletal and cardiopulmonary function: a literature review. The Journal of Alternative & Complementary Medicine, 8(6), 797-812.
- 71. Rhoda, D. (2014). Ayurvedic psychology: Ancient wisdom meets modern science. International Journal of Transpersonal Studies, 33(1), 14.
- 72. Roland, K. P., Jakobi, J. M., & Jones, G. R. (2011). Does yoga engender fitness in older adults? A critical review. Journal of aging and physical activity, 19(1), 62-79.
- 73. Saeed, S. A., Antonacci, D. J., & Bloch, R. M. (2010). Exercise, yoga, and meditation for depressive and anxiety disorders. American family physician, 81(8), 981-986.
- 74. Salema, A., Valiathan, M. S., Malamound, C., Raghunathan, K., Wujastyk, D., & Walker, T. (2001, November). Ayurveda at the crossroads of care and cure. In Indo-European seminar on ayurveda held in Arrabida.
- 75. Sarsina, P. R. D., Alivia, M., & Guadagni, P. (2012). Traditional, complementary and alternative medical systems and their contribution to personalisation, prediction and prevention in medicine—person-centred medicine. EPMA Journal, 3, 1-10.
- 76. Satchidananda, S. (1990). The yoga sutras of Patanjali. (No Title).

- 77. Shannahoff-Khalsa, D. S., Ray, L. E., Levine, S., Gallen, C. C., Schwartz, B. J., & Sidorowich, J. J. (1999). Randomized controlled trial of yogic meditation techniques for patients with obsessive-compulsive disorder. CNS spectrums, 4(12), 34-47.
- 78. Sharma, H., Chandola, H. M., Singh, G., & Basisht, G. (2007). Utilization of Ayurveda in health care: an approach for prevention, health promotion, and treatment of disease. Part 2—Ayurveda in primary health care. The journal of alternative and complementary medicine, 13(10), 1135-1150.
- 79. Sharma, H., Chandola, H. M., Singh, G., & Basisht, G. (2007). Utilization of Ayurveda in health care: an approach for prevention, health promotion, and treatment of disease. Part 1-Ayurveda, the science of life. The Journal of Alternative and Complementary Medicine, 13(9), 1011-1020.
- 80. Sherman, K. J., Cherkin, D. C., Wellman, R. D., Cook, A. J., Hawkes, R. J., Delaney, K., & Deyo, R. A. (2011). A randomized trial comparing yoga, stretching, and a self-care book for chronic low back pain. Archives of internal medicine, 171(22), 2019-2026.
- 81. Shorey, R. C., Anderson, S., & Stuart, G. L. (2015). The relation between trait mindfulness and aggression in men seeking residential substance use treatment. Journal of interpersonal violence, 30(10), 1633-1650.
- 82. Singh, V., Wisniewski, A., Britton, J., & Tattersfield, A. (1990). Effect of yoga breathing exercises (pranayama) on airway reactivity in subjects with asthma. The Lancet, 335(8702), 1381-1383.
- 83. Sinha, D. (2011). Concept of psychological well-being: Western and Indian perspectives. National Institute of Mental Health and Neurosciences Journal, 8, 1-ll.
- 84. Smith, K. B., & Pukall, C. F. (2009). An evidence-based review of yoga as a complementary intervention for patients with cancer. Psycho-oncology: Journal of the Psychological, Social and Behavioral Dimensions of Cancer,
- 85. Sondhi, R., Gulgulia, S., & Shriharsh, V. (2013). Cognitive-behavioral therapy for an Indian adolescent with depression: A clinical case study. Clinical Case Studies, 12(2), 157-173.
- 86. Stoler-Miller B (1998) Yoga: discipline of freedom. Bantam Books, New York
- 87. Stoler-Miller B (2004) The Bhagavad-Gita. Bantam Classics, New York
- 88. Stone, M. (2009). Yoga for a world out of balance: Teachings on ethics and social action. Shambhala Publications.
- 89. Sullivan, M. B., Erb, M., Schmalzl, L., Moonaz, S., Noggle Taylor, J., & Porges, S. W. (2018). Yoga therapy and polyvagal theory: The convergence of traditional wisdom and contemporary neuroscience for self-regulation and resilience. Frontiers in human neuroscience, 67.
- 90. Swami, G. G. (1995). Frankly speaking. Pondicherry
- 91. Swarupananda, S. (2016). Srimad Bhagavad Gita. Advaita Ashrama (A publication branch of Ramakrishna Math, Belur Math).
- 92. Telles, S., Singh, N., & Balkrishna, A. (2012). Managing mental health disorders resulting from trauma through yoga: a review. Depression research and treatment, 2012.
- 93. Tement, S., & Korunka, C. (2013). Does trait affectivity predict work-to-family conflict and enrichment beyond job characteristics?. The Journal of Psychology, 147(2), 197-216.
- 94. Tilbrook, H. E., Cox, H., Hewitt, C. E., Kang'ombe, A. R., Chuang, L. H., Jayakody, S., ... & Torgerson, D. J. (2011). Yoga for chronic low back pain: a randomized trial. Annals of internal medicine, 155(9), 569-578.
- 95. Uebelacker, L. A., Epstein-Lubow, G., Gaudiano, B. A., Tremont, G., Battle, C. L., & Miller, I. W. (2010). Hatha yoga for depression: critical review of the evidence for efficacy, plausible mechanisms of action, and directions for future research. Journal of Psychiatric Practice®, 16(1), 22-33.
- Varma, V. K. (1982). Present state of psychotherapy in India. Indian journal of psychiatry, 24(3), 209.
- 97. Venkatesananda, S., & Chapple, C. (1984). The Concise Yoga Vāsistha. (No Title).
- 98. Vinchurkar, S. A., Singh, D., & Visweswaraiah, N. K. (2014). Self-reported measures of mindfulness in meditators and non-meditators: A cross-sectional study. International journal of yoga, 7(2), 142.
- 99. Wang, F., & Szabo, A. (2020). Effects of yoga on stress among healthy adults: A systematic review. Alternative Therapies in Health and Medicine, 26(4), 58-64.
- 100. World Health Organization (1946) Constitution of the World Health Organization. Am J Public Health Nations Health 36:1315-1323
- 101. Yang, K. (2007). A review of yoga programs for four leading risk factors of chronic diseases. Evidence-Based Complementary and Alternative Medicine, 4(4), 487-491.
- 102. Yeats, W. B. (1961). The Mandukya Upanishad. In Essays and Introductions (pp. 474-485). London: Palgrave Macmillan UK.

At. Spectrosc. 2024, 45(1) ATOMIC SPECTROSCOPY 295 ISSN: 2708-521X