

Manasika Bhāvas and Lifestyle Stress: An Integrative Ayurvedic Review

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Abstract

Lifestyle stress has emerged as one of the most significant determinants of disease burden in the modern world, contributing to a wide spectrum of disorders ranging from anxiety, depression, metabolic syndrome, hypertension, autoimmune diseases, and functional gastrointestinal disorders. Contemporary biomedical science explains stress primarily through neuroendocrine, autonomic, and inflammatory pathways. In contrast, Ayurveda offers a comprehensive psychosomatic framework grounded in the concept of *Manasika Bhāvas* (mental and emotional states), which influence *Doṣa*, *Agni*, and *Dhātu* functions. Classical Ayurvedic literature recognizes emotional stress as a primary cause of disease and classifies stress-induced disorders as *Adhija Vyādhi*. This review integrates classical Ayurvedic doctrines with contemporary research in psychosomatic medicine, neuroimmunology, and mind–body medicine to elucidate the role of *Manasika Bhāvas* in lifestyle stress and its management. Ayurvedic therapeutic principles such as *Sattvāvajaya Chikitsā*, *Āchāra Rasāyana*, *Daivavyapāśraya*, *Panchakarma*, and *Medhya Rasāyana* are critically examined in light of modern evidence. This integrative approach provides a scientifically coherent and clinically relevant framework for addressing lifestyle stress and psychosomatic disorders.

Keywords Manasika Bhāvas; Lifestyle Stress; Ayurveda; Psychosomatic Disorders; Adhija Vyādhi; Triguna; Mind–Body Medicine

1. Introduction

Lifestyle stress is now widely recognized as a dominant contributor to global morbidity and mortality. Epidemiological data indicate that chronic stress significantly increases the risk of cardiovascular disease, metabolic syndrome, autoimmune disorders, anxiety, depression, chronic pain, and gastrointestinal disorders. Modern societies characterized by urbanization, digital overload, competitive work environments, sleep deprivation, emotional suppression, and sedentary habits have transformed stress from an adaptive response into a chronic pathological state. Persistent stress alters autonomic balance, disrupts neuroendocrine regulation, and promotes systemic inflammation, thereby accelerating disease processes and biological aging (10,13,14).

Ayurveda, the ancient Indian system of medicine, recognized these connections long before the advent of modern stress science. Its foundational texts—*Charaka Saṃhitā*, *Suśruta Saṃhitā*, and *Aṣṭāṅga Hṛdaya*—describe health as a dynamic equilibrium of physical, mental, and spiritual factors. Unlike modern biomedical models that often separate mental and physical health, Ayurveda conceptualizes mind (*Manas*), body (*Śarīra*), senses (*Indriya*), and consciousness (*Ātman*) as inseparable components of a unified biological system. Within this framework, emotional states (*Manasika Bhāvas*) are not epiphenomena but primary determinants of physiological balance and disease development (1,2,3). This holistic definition of health is clearly stated in *Charaka Saṃhitā*:

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“समदोषः समग्रिश्च समधातु मलक्रियाः।
प्रसन्नात्मेन्द्रियमनाः स्वस्य इत्यभिधीयते ॥”

(Charaka Saṁhitā, Sūtrasthāna 1/41)

This verse establishes that true health exists only when the mind (*Manas*) and senses (*Indriya*) are in a pleasant and stable state along with physical balance (1).

Contemporary Ayurvedic scholarship and psychosomatic research increasingly validate this holistic perspective. Studies have demonstrated that emotional states such as anxiety, fear, anger, and chronic worry are not only psychological experiences but also biological stressors that modify immune responses, metabolic regulation, autonomic tone, and inflammatory pathways. The Ayurvedic concept of *Manasika Bhāvas* therefore provides a powerful conceptual bridge between traditional medicine and modern psychoneuroimmunology (4,5,8,11).

This review aims to systematically examine the role of *Manasika Bhāvas* in lifestyle stress, integrating classical Ayurvedic theory with contemporary biomedical and psychosomatic research.

2. Ayurvedic Conceptualization of Health and Mental Well-Being

Ayurveda defines health (*Swasthya*) not merely as the absence of disease but as a state of equilibrium among *Doṣas* (Vāta, Pitta, Kapha), digestive fire (*Agni*), bodily tissues (*Dhātus*), and waste products (*Malas*), accompanied by a harmonious and pleasant state of the mind (*Manas*), senses (*Indriya*), and self (*Ātman*). This classical definition, found in *Charaka Saṁhitā* (Sūtrasthāna 1/41), explicitly includes mental well-being as an essential component of health (1).

The interdependence of mind and body is a fundamental principle in Ayurveda. Charaka states:

“शरीरमपि सत्त्वानुसारी भवति।”

(Charaka Saṁhitā, Śārīrasthāna 1/102)

“The body follows the state of the mind.”

Suśruta further emphasizes:

“मनसः शारीराणां च परस्परनिबन्धनम्।”

(Suśruta Saṁhitā, Śārīrasthāna 1/24)

These classical statements establish that mental states directly influence physical health and vice versa, which aligns remarkably with modern mind–body medicine demonstrating that emotional stress modulates immune function, autonomic activity, and metabolic processes (2,8).

Ayurveda also describes *Manas* as *Ubbhayendriya*—both sensory and motor organ:

“मनः उभयेन्द्रियं तु खलु।”

(Charaka Saṁhitā, Sūtrasthāna 8/5)

This dual role explains how mental processes influence perception, cognition, emotion, and action, and how these in turn regulate physiological responses. The mind acts as the interface between sensory inputs and behavioral outputs, making it the primary mediator of stress perception and stress response (1,5).

3. Triguna Theory and Emotional Regulation

The functional state of the mind in Ayurveda is governed by three fundamental qualities known as *Gunas*: *Sattva* (clarity, balance, wisdom), *Rajas* (activity, passion, emotional reactivity), and *Tamas* (inertia, dullness, ignorance). This is described in *Charaka Saṁhitā*:

“सत्त्वं रजस्तम इति गुणा मनसः स्मृताः।”

(Charaka Saṁhitā, Śārīrasthāna 1/101)

These three qualities determine personality, emotional stability, cognitive clarity, and stress resilience. A predominance of *Sattva* is associated with calmness, adaptability, and psychological resilience, whereas excess *Rajas* produces restlessness, anxiety, anger, and emotional turbulence, and excess *Tamas* results in depression, lethargy, and cognitive dullness (1,3).

Lifestyle stress is fundamentally understood in Ayurveda as a state of aggravated *Rajas* and *Tamas*. Excessive sensory stimulation, irregular routines, emotional conflicts, and unwholesome lifestyle habits drive the mind into a hyperactive or suppressed state, impairing its capacity for regulation and

balance. Contemporary psychological research aligns with this model: individuals with emotional reactivity, impulsivity, and rumination—traits analogous to *Rajas*—and those with depressive inertia—analogous to *Tamas*—show higher stress markers, poorer coping, and increased disease vulnerability (5,7).

Neuroscientific studies also suggest parallels between Triguna theory and brain network functioning. Excess *Rajas* correlates with heightened limbic activity and impaired prefrontal regulation, while *Tamas* corresponds to reduced cortical activation and motivational drive. *Sattva*, in contrast, reflects optimal integration between emotional and cognitive networks, supporting resilience and adaptive coping (7,12).

4. **Manasika Bhāvas and Psychosomatic Pathogenesis**

Manasika Bhāvas refer to the mental and emotional states arising from cognitive processes, perceptions, and reactions to internal and external stimuli. Classical Ayurvedic texts enumerate a wide range of emotional states, both positive and negative. Stress-inducing *Manasika Bhāvas* include *Chintā* (worry), *Śoka* (grief), *Bhaya* (fear), *Krodha* (anger), *Udvega* (anxiety), *Lobha* (greed), *Moha* (delusion), *Irṣyā* (jealousy), and *Dveṣa* (hatred) (1,5).

Charaka explicitly states:

“कामः शोकः भयः क्रोधः चिन्ता उद्वेग एव च।

मनसो रोगहेतवः ॥”

(Charaka Saṁhitā, Sūtrasthāna 20/3)

These emotions are disease-producing when persistent.

Ayurveda explains emotional stress through the concept of *Manodoṣa*—*Rajas* and *Tamas*. When negative emotions dominate, these mental *doṣas* disturb the normal functioning of *Vāta*, impair *Agni*, and lead to the formation of metabolic toxins (*Āma*). This cascade results in both psychological and physical disease. For example, chronic worry and fear aggravate *Vāta*, leading to insomnia, palpitations, digestive disturbances, and anxiety. Anger aggravates *Pitta*, resulting in hypertension, inflammatory conditions, and skin disorders. Grief weakens *Agni*, causing metabolic slowing, fatigue, and immune suppression (2,6).

Suśruta confirms:

“क्रोधः पित्तं प्रकुपयति

शोकः वातं भयस्तथा।”

(Suśruta Saṁhitā, Sūtrasthāna 21/8)

Modern psychosomatic research supports this classical view. Chronic emotional stress activates the hypothalamic–pituitary–adrenal (HPA) axis, elevates cortisol, disrupts circadian rhythms, and induces inflammatory cytokine release. These biological changes contribute to depression, anxiety, insulin resistance, gastrointestinal dysmotility, and immune dysregulation (4,10,11).

5. **Adhija Vyādhi – Psychosomatic Disorders**

Ayurveda classifies diseases that originate primarily from mental and emotional disturbances as *Adhija Vyādhi*. Charaka defines this category explicitly:

“मानसैः कारणैः उत्पन्ना व्याधयोऽधिजाः स्मृताः ।”

(Charaka Saṁhitā, Nidānasthāna 1/16)

Diseases produced from mental causes are called *Adhija Vyādhi* (1).

These disorders include anxiety disorders, depressive states (*Viṣāda*), insomnia (*Anidrā*), irritable bowel syndrome (*Grahani*), hypertension (*Raktagata Vāta*), migraine, chronic fatigue, and several dermatological disorders such as psoriasis and vitiligo. Classical texts emphasize that unresolved emotional disturbances eventually convert into somatic pathology (1,2).

Modern psychosomatic medicine confirms this Ayurvedic insight. Chronic psychological stress alters autonomic nervous system balance, increases cortisol secretion, and induces inflammatory responses, leading to sustained physiological dysfunction in multiple organ systems. Disorders such as functional

gastrointestinal disease, chronic pain syndromes, cardiovascular disease, and immune-mediated disorders are now recognized to have strong psychogenic components (4,11,13).

The Ayurvedic concept of *Adhija Vyādhi* thus corresponds precisely with modern psychosomatic disorders, reinforcing the timeless relevance of classical medical wisdom.

6. Lifestyle Stress as *Pragyāparādha*

Ayurveda attributes lifestyle stress fundamentally to *Pragyāparādha*, meaning “intellectual blasphemy” or error of judgment. Charaka states:

“प्रज्ञापराधाद्विरोगाः सर्वे भवन्ति।”

(Charaka Samhitā, Śārīrasthāna 1/98)

“All diseases arise from *Pragyāparādha*” (1).

This refers to knowingly engaging in harmful behaviors despite understanding their consequences. Such behaviors include irregular sleep patterns, overeating or fasting, emotional suppression, excessive sensory stimulation, digital addiction, substance use, lack of physical activity, and ignoring natural biological rhythms.

These maladaptive lifestyle patterns disrupt the balance of *Rajas* and *Tamas*, disturb *Manas*, aggravate *Vāta*, impair *Agni*, and promote formation of *Āma*, leading to both mental and physical disease (1,11). Modern behavioral medicine similarly recognizes that sleep deprivation, emotional eating, chronic screen exposure, sedentary lifestyle, and social isolation are major drivers of chronic stress physiology and metabolic, cardiovascular, and psychological disorders. Thus, *Pragyāparādha* offers a remarkably accurate ancient description of modern lifestyle disease behavior (12,14).

7. Ayurvedic Management of Lifestyle Stress

Ayurveda prescribes a multidimensional, integrative approach to the management of lifestyle stress, targeting mental, behavioral, physiological, and spiritual domains.

7.1 *Sattvāvajaya Chikitsā*

Sattvāvajaya is Ayurvedic psychotherapy. Charaka defines it as:

“सत्त्वावजयः पुनः

अहितेभ्यो अर्थेभ्यो मनो निग्रहः।”

(Charaka Samhitā, Sūtrasthāna 11/54)

It is the withdrawal of the mind from harmful objects and thoughts (1).

Sattvāvajaya includes counseling, cognitive restraint, emotional regulation, mindfulness, strengthening of positive attitudes, and cultivation of self-awareness. These techniques resemble modern cognitive-behavioral therapy (CBT), mindfulness-based stress reduction (MBSR), and emotional regulation therapies (8).

By increasing *Sattva* and reducing *Rajas* and *Tamas*, *Sattvāvajaya* directly improves stress tolerance and emotional resilience.

7.2 *Āchāra Rasāyana* (Behavioral Rejuvenation)

Charaka introduces *Āchāra Rasāyana* as a non-pharmacological therapy for mental and emotional well-being:

“सत्यवादी अक्रोधी निवृत्तमद्यः

अहिंसकः शान्तमनाः सदा स्पात्।”

(Charaka Samhitā, Chikitsāsthāna Rasāyana)

Truthfulness, non-violence, emotional restraint, calmness, and ethical conduct act as rejuvenation of mind and body (1).

These principles reduce emotional reactivity, stabilize *Manas*, and prevent stress-induced disorders. Modern psychosocial research supports that ethical living, emotional intelligence, and social harmony improve mental health and resilience.

7.3 *Daivavyapāśraya Chikitsā*

This branch includes spiritual therapies such as mantra, prayer, meditation, ritual, and devotional practices. These practices calm the mind, enhance parasympathetic tone, and reduce existential anxiety.

Modern studies show that meditation, mantra repetition, and prayer reduce cortisol, inflammatory cytokines, anxiety, and depressive symptoms, confirming the psychoneurobiological basis of Daivavyapāśraya (9,10).

7.4 Yuktivyapāśraya Chikitsā

This includes rational therapies such as:

- Panchakarma (Shirodhara, Abhyanga, Nasya)
- Medhya Rasāyana (Brahmi, Mandukaparni, Shankhapushpi, Ashwagandha)
- Diet regulation
- Sleep and routine correction

These therapies improve neuroendocrine balance, autonomic stability, immune function, and emotional health. Ashwagandha and Brahmi have demonstrated adaptogenic, anxiolytic, neuroprotective, and cortisol-lowering effects (4,6,10).

8. Sleep, Stress, and Manas

Ayurveda places special emphasis on sleep (*Nidrā*) as a pillar of health. Aṣṭāṅga Hṛdaya states:

“सुखं दुःखं पुष्टिकरं
कृशता बलाबलम्।
ज्ञानाज्ञानं जीवनं च
निद्रायतं हि देहिनाम् ॥”

(Aṣṭāṅga Hṛdaya, Sūtrasthāna 7/55)

Happiness, sorrow, nourishment, strength, knowledge, and life itself depend on sleep (3).

Chronic stress disrupts sleep, which in turn worsens emotional instability, metabolic imbalance, and immune dysfunction, creating a vicious cycle.

9. Integration with Modern Stress Science

Modern mind–body medicine demonstrates that meditation, yoga, breathing practices, and adaptogenic herbs reduce cortisol, improve heart rate variability, normalize inflammatory markers, and enhance emotional regulation. These effects correspond to Ayurvedic concepts of *Vāta* regulation, *Ojas* preservation, and *Sattva* enhancement (10,11,14).

Ayurvedic constructs such as *Manasika Bhāvas*, *Triguna*, *Agni*, and *Ojas* are increasingly being correlated with modern biomarkers, enabling the development of integrative stress medicine (11,12). In humans, the stress system is composed of central and peripheral components. The **central component** includes neuroanatomical structures located in the brain that coordinate neuroendocrine and autonomic responses to stress. Key central regions include the **hypothalamus**, particularly the **paraventricular nuclei (PVN)** where corticotropin-releasing hormone (CRH) and arginine vasopressin (AVP) neurons reside; the **brainstem** nuclei such as the locus coeruleus (LC) and other noradrenergic centers; and interconnected CRH neurons in the parabrachial and paragigantocellular nuclei. These neurons act in concert with the autonomic nervous system by integrating sensory and emotional inputs and initiating coordinated physiological stress responses (15). **Peripheral components** consist of the **hypothalamic–pituitary–adrenal (HPA) axis** and the efferent sympathetic and parasympathetic nervous system branches. The HPA axis connects the hypothalamus to the anterior pituitary and adrenal cortices and regulates systemic hormone release, particularly glucocorticoids such as cortisol, while the sympathetic/adrenomedullary system supports rapid “fight or flight” reactions, and the parasympathetic nervous system balances these responses by promoting “rest and digest” functions (15).

Upon exposure to stressors, signals from the central nervous system activate the PVN of the hypothalamus to synthesize and secrete CRH and AVP into the hypophyseal portal circulation,

stimulating release of adrenocorticotrophic hormone (ACTH) from the anterior pituitary. CRH, a 41-amino-acid peptide, binds to CRH receptor subtypes on corticotrophic cells, leading to ACTH secretion, while AVP acts synergistically to enhance this effect. ACTH then stimulates the adrenal cortex (zona fasciculata) to produce and release glucocorticoids (principally cortisol in humans), which circulate systemically and exert effects on metabolism, immune function, and stress reactivity. Cortisol also feeds back negatively on the hypothalamus and pituitary to regulate further secretion of CRH and ACTH (15). In addition, peripheral sympathetic activation promotes release of catecholamines (epinephrine and norepinephrine) from the adrenal medulla and sympathetic nerves, supporting rapid physiological mobilization in response to stress, while the parasympathetic system works in conjunction with the HPA axis to restore homeostasis once the immediate stressor is resolved (15).

This integrated central and peripheral stress system architecture provides the biological basis for measurable stress biomarkers such as cortisol rhythms, autonomic balance indices (e.g., heart rate variability), and inflammatory cytokines. Mapping these physiological parameters onto Ayurvedic constructs such as *Manasika Bhāvas* and *Triguna* offers a translational bridge between classical mind–body theory and modern biopsychosocial models of stress pathophysiology, enabling more comprehensive diagnostic and therapeutic frameworks (10,11,12,15).

10. Conclusion

The relationship between **Manasika Bhāvas** (mental and emotional states) and **lifestyle stress–induced diseases** constitutes one of the most sophisticated and clinically meaningful contributions of Ayurveda to the science of health and disease. Unlike contemporary biomedical models that frequently segregate mental health from physical pathology, Ayurveda recognizes stress as a **continuous psychosomatic process**, wherein disturbances originating in the mind (*Manas*) inevitably influence bodily functions and ultimately give rise to disease. In the Ayurvedic worldview, *Manas* is not a passive observer of physiological processes but a **central regulator of Doṣic balance, Agni activity, Dhātu nourishment, Ojas preservation, and systemic homeostasis**. Therefore, disturbances in *Manas* directly translate into biological dysregulation.

Modern lifestyle patterns characterized by **chronic emotional conflicts, occupational pressure, excessive sensory stimulation, digital overload, irregular daily routines, disturbed sleep, suppressed emotions, and social disconnection** create sustained activation of the stress response. From the Ayurvedic perspective, these factors lead to the **aggravation of Rajas and Tamas**, the two *Manodoṣas* responsible for mental instability, emotional turbulence, and cognitive distortion. As *Rajas* and *Tamas* increase, **Sattva—the quality of clarity, stability, and resilience—becomes depleted**, allowing disturbed *Manasika Bhāvas* such as *Chintā* (worry), *Bhaya* (fear), *Krodha* (anger), *Śoka* (grief), *Udvega* (anxiety), and *Viṣāda* (depression) to dominate the psychological landscape. Classical Ayurvedic texts consistently identify these emotional states as **primary etiological factors (Nidāna) of disease**, emphasizing that **mental disturbances often precede and precipitate physical pathology**.

From a pathophysiological standpoint, chronic mental stress primarily vitiates **Vāta Doṣa**, which governs neural activity, hormonal regulation, circulation, and communication within the body. Prolonged *Vāta* aggravation disrupts **Jātharāgni and Dhātvagni**, leading to impaired digestion, metabolism, and tissue formation. This results in the accumulation of **Āma** (toxic metabolic by-products), which obstructs physiological channels (*Srotas*) and creates a pro-inflammatory internal milieu. Simultaneously, stress-induced neuroendocrine and immune dysregulation leads to depletion of **Ojas**, the essence of vitality, immunity, and psychological stability. The combined derangement of *Vāta*, *Agni*, *Āma*, and *Ojas* explains the development of a wide spectrum of stress-related disorders, including **anxiety, insomnia, depression, migraine, irritable bowel syndrome, hypertension, metabolic syndrome, autoimmune diseases, and chronic inflammatory disorders**. Ayurveda appropriately categorizes such conditions under **Adhija Vyādhi**, affirming their **psychosomatic origin**.

The Ayurvedic concept of **Pragyāparādha** (intellectual or moral error) provides a profound explanation for the rising prevalence of lifestyle stress disorders in modern society. Despite knowing what constitutes healthy living, individuals persistently engage in behaviors that destabilize Manas—such as irregular sleep patterns, emotional repression, excessive screen exposure, addictive habits, unhealthy diet, lack of physical activity, and neglect of ethical and spiritual discipline. This conscious deviation from biological, psychological, and moral harmony perpetuates chronic stress physiology and accelerates disease progression. Hence, lifestyle stress diseases are not random events but the cumulative outcome of **sustained mental imbalance reinforced by maladaptive choices**.

Importantly, Ayurveda does not merely describe the origin of stress-related pathology but offers a **comprehensive and integrative therapeutic framework** for prevention, management, and long-term resilience. Through **Sattvāvajaya Cikitsā**, the mind is trained to regulate thoughts, emotions, and reactions. **Ācāra Rasāyana** promotes ethical behavior, emotional maturity, and social harmony, which stabilize Manas and preserve Ojas. **Daivavyapāśraya** provides spiritual anchoring and existential meaning, protecting the psyche against despair and helplessness. **Yuktivyapāśraya therapies**—including Panchakarma, Medhya Rasāyana, appropriate diet, Dinacharyā, and R̥tucharyā—restore Doṣic balance, detoxify Āma, strengthen Agni, and replenish Ojas. Together, these approaches correct stress at its deepest level—the **disturbed Manas**—while simultaneously restoring physiological harmony.

In light of contemporary advances in **stress biology, psychoneuroimmunology, neuroendocrinology, and mind–body medicine**, Ayurvedic concepts such as **Manasika Bhāvas, Triguṇa, Ojas, and Adhija Vyādhi** gain compelling scientific validation. Modern research demonstrates that emotional states regulate **cortisol secretion, inflammatory cytokines, autonomic tone, immune surveillance, and gene expression**, mirroring classical Ayurvedic descriptions of how mental disturbances deplete Ojas, aggravate Vāta, and impair systemic resilience.

In conclusion, **Manasika Bhāvas constitute the central link between lifestyle stress and disease manifestation**. No strategy for preventing or managing chronic illness can be effective without addressing the **mental and emotional substratum of disease**. Ayurveda, through its integrative understanding of mind–body unity, offers a **clinically robust, preventive, and sustainable model** for tackling the global epidemic of stress-related disorders. The thoughtful integration of Ayurvedic wisdom with modern biomedical science holds extraordinary promise for developing healthcare systems that focus not merely on disease suppression, but on the **restoration of balance, resilience, consciousness, and enduring well-being**.

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