

The Prodigious Indian Vedic Concepts of Psyche or Mind; a New-fashioned Directive of Mental Health Science to Deal with Labyrinthine Clinical Cases by Amalgamating Indian Psychological Concepts and Principles

Harisoorya A. U. ^{1*} & Vidya N. ²

^{1*} Research Scholar, Institute of Social Sciences and Humanities, Srinivas University, Mangalore, Karnataka, INDIA,

ORCID ID: 0000-0003-0013-2444, E-mail: vishnuau1@gmail.com

² Associate Professor, Institute of Social Sciences and Humanities, Srinivas University, Mangalore, Karnataka, INDIA,

ORCID ID: 0000-0002-3390-567X, E-mail: vidyakrithi.n@gmail.com

Area/Section: Health Management.

Type of the Paper: Clinical Data Analysis.

Type of Review: Peer Reviewed as per [|C|O|P|E|](#) guidance.

Indexed in: OpenAIRE.

DOI: <https://doi.org/10.5281/zenodo.7258997>

Google Scholar Citation: [IJHSP](#)

How to Cite this Paper:

Harisoorya, A. U., & Vidya, N., (2022). The Prodigious Indian Vedic Concepts of Psyche or Mind; a New-fashioned Directive of Mental Health Science to Deal with Labyrinthine Clinical Cases by Amalgamating Indian Psychological Concepts and Principles. *International Journal of Health Sciences and Pharmacy (IJHSP)*, 6(2), 124-134. DOI: <https://doi.org/10.5281/zenodo.7258997>

International Journal of Health Sciences and Pharmacy (IJHSP)

A Refereed International Journal of Srinivas University, India.

Crossref DOI: <https://doi.org/10.47992/IJHSP.2581.6411.0089>

Received on: 06/10/2022

Published on: 27/10/2022

© With Author.



This work is licensed under a [Creative Commons Attribution-Non-Commercial 4.0 International License](#) subject to proper citation to the publication source of the work.

Disclaimer: The scholarly papers as reviewed and published by Srinivas Publications (S.P.), India are the views and opinions of their respective authors and are not the views or opinions of the SP. The SP disclaims of any harm or loss caused due to the published content to any party.

The Prodigious Indian Vedic Concepts of Psyche or Mind; a New-fashioned Directive of Mental Health Science to Deal with Labyrinthine Clinical Cases by Amalgamating Indian Psychological Concepts and Principles

Harisoorya A. U. ^{1*} & Vidya N. ²

^{1*} Research Scholar, Institute of Social Sciences and Humanities, Srinivas University,
Mangalore, Karnataka, INDIA,

ORCID ID: 0000-0003-0013-2444; E-mail: vishnuaul@gmail.com

² Associate Professor, Institute of Social Sciences and Humanities, Srinivas University,
Mangalore, Karnataka, INDIA,

ORCID ID: 0000-0002-3390-567X; E-mail: vidyakrithi.n@gmail.com

ABSTRACT

Purpose: *The bulk of psychology practice in India as well as in other parts of the world is influenced by western ideas of psychological health and illness. The importance of theology, civilization, and eastern philosophy, together with healthcare, has been largely disregarded by these prominent psychological ideas throughout the last few years or more. They were also developed predominantly for those having an internal control center. To understand what Indian beliefs could give to psychology, one must understand the old Indian frameworks, or put it differently, the grand Hinduism and its huge repository of intellectual information. In this paper, we mainly examine how Hinduism, Indian traditions, and conventional Indian healthcare methods are applied to research the psyche and psychological well-being.*

Objective: *This article's main goal is to provide details on psychology as a field from an Indian perspective. These are some of the topics discussed in this study, along with what the aspects of the mind are and what the Indian classics have to say about psychology from a scientific perspective.*

Design/Methodology/Approach: *Secondary information that was obtained from a variety of reliable and trustworthy publications and websites was used to write this work. To increase the accuracy and authenticity of this document, the data was carefully and scientifically examined by making references to a number of different publications and subtopics. The data was acquired from a variety of trustworthy and respectable sources, including Academia and Google Scholar. Cross-referencing all the data from websites like Academia, Google Scholar, and others revealed that there wasn't a lot of material from different points of view that were included.*

Findings/Result: *Here, a chance has been taken to succinctly synthesize the core principles of the many schools of Indian thought as they relate to understanding human character and behavioral patterns. The aforementioned makes obvious the enormous amount of understanding and knowledge that is a natural component of Indian theories, which has much more to offer psychology students. The significant therapeutic advantages that each way of thinking autonomously provides are very promising for those who provide psychological treatment. Because of this, Indian psychologists should be adaptable to infusing Indian concepts into our therapy, despite our training in contemporary Western psychological institutions. We must objectively assess the significance of our centuries-old beliefs, especially those related to yoga, meditation, and Indian forms of psychoanalysis and psychotherapies, in order to validate them as well as prevent labeling them as relics of third-world mysticism.*

Originality and value: *To make this work relevant and palatable to the entire society, independent of one's educational level and career, an innovative and readily accessible complete methodology, and explanation have been developed. The primary goal of this study*

is to educate the public about certain well-known psychological and other mental health principles found in the Indian system of medicine (Ayurveda), as well as the great Indian epics and their relevance to the present and the future.

Paper Type: Clinical/health analysis paper

Keywords: Indian psychological concepts, Indian Vedic concepts of psyche or mind, Mind and Upanishads, Aathman and psyche, Concepts of mind in Ayurveda

1. INTRODUCTION :

The majority of the practice of psychology in India and certain other regions of the globe is guided by western notions of psychological well-being and sickness. These dominant notions in psychology during the past few decades or more have virtually ignored the relevance of religion, community, eastern philosophy, as well as healthcare in explaining and treating mental problems and were established primarily for people with an internal control center [1]. Additionally, it is becoming more widely acknowledged that the dispersion, presentation, treatment regimen behavior, as well as mortality of individuals suffering from mental illness vary significantly between the west and the east. India is home to a substantial number of people that represent a diversity of cultures, dialects, ethnic groups, as well as religious beliefs. In addition to that, India also has its own historical family structure in addition to that. Indian families, to a particular point, continue to knit, and the family, along with friends, exhibits a willingness to work together on matters like caring for a sick relative, choosing a job, getting married, etc [2]. Given the contrasts between Indian and Western communities, it is mainly shortsighted to manage Indian clients using western psychological principles. One must comprehend the traditional Indian systems, or put it another way, the great Hinduism as well as its enormous storehouse of scientific knowledge, in order to comprehend what Indian traditions may contribute to psychology [3]. In this study, we primarily review how Hinduism, Indian customs, as well as traditional Indian health care systems are used to investigate the mind as well as psychological well-being. In the subsequent section of the paper, we go through how several of these Indian ideas might be applied to modern psychiatric practice. The immense repository of old religious as well as intellectual books is where the foundation of psychology may be found in the Indian classics. The finer side of human nature is revealed by analyzing a variety of texts, including the "Atharveda," the "Upanishads," the "Mahabharata," and some others. Indian philosophers of the past had typical synthetic worldviews. Indian philosophy claims that human essence finds its origins in the existence of an eternal body, just like everything else, rather than being the unintentional result of unconscious existence [4].

A considerable amount of information on the transcendental aspect of the human condition can be traced to Indian philosophy, which is where transpersonal psychology, sometimes known as the fourth component, got its roots. Ancient religions, including Tibetan Buddhism, Christian theology, and Hinduism, as well as numerous more, have been alluded to as "spiritual psychology" by Tart. He states unequivocally that contemporary psychology, which was established in a typical western environment, has nothing to say more about the self, as well as that, in order to fill the gap, one must turn to all of these esoteric propensities. In light of this, transpersonalists have discovered Indian insight texts like the Vedas, Puranas, and Yoga Sutra, as well as others, to be spiritual psychology as well as conscious experience exercises that provide awareness into deeper aspects of human essence. The idea is quite similar to Maslow's, who spoke about the transcendental aspect of individual nature. Indian philosophers gave great weight to awareness as the fundamental actuality [5]. This also gave rise to the concept that we are primarily as well as essentially aware selves that are one with "Brahman". In psychology, a person's subjective experience is regarded as substantiation [6]. Because of its brilliance, sincerity, and precision, the Antahkarana, the innermost tool of understanding used by the experienced individual, has been at the center of Indian posterity's response to the issue. Indian heritage has created several techniques to improve the accuracy and dependability of internal monitoring. Reexamining the Indian conception of individual disposition leads to some intriguing discoveries on the concepts of consciousness, identity, and existence. The optimistic concept of individual essence has received adequate attention in Indian literature [7]. It is believed that individual existence has a profound inner essence. Even eastern, as well as western researchers, have made several statements about how colorful human nature is [8].

2. RELATED WORK :

Phthisis, as well as aghast behaviors, as well as aghast behaviors, were the focus of medical man's experiments on human disposition, as well as the 4 humors of nutrition, mucus, black-bile, as well as yellow-bile. In Indian medicine, men are categorized based on how much "Vaayu" (the thoughts), "Pitta" (the bile), and "Kapham" are present (phlegm). Doctor Kretschmer's and perhaps Sheldon's following categorization schemes seem to be similarly thorough [9]. In order to build the fivefold socioeconomic hierarchy of the "sattva", "rajas", and "tamas", the Dharmasastra provides a nutcase categorization framework. Karma, as well as ancestry or hereditary, are the deciding forces in the formation of an individual personality according to the unique system of rules [10]. The Bhagavad Gita divides individual instincts into three categories characterized by three fundamental mental faculties: intellect, volition, as well as emotion [11]. They are imagined as the same as the margas, or manners of living. People with a strong sense of volition tend to practice "karma yoga". The road of adoration is what "Bhakti marga" seeks after. The Gita makes an additional effort to categorize human character in terms of a person's sraddha (predominant craving), saattvik, raajasik, or taamasik characteristics as a consequence of the prevailing impact of the essential constituents of sathva, rajass, or tamass in the life of aspirations [12]. Religious ceremonies or accepted practices are what are used in Indian cultures and norms. Each of them is skillfully weaved into the framework, softening the effect. The interaction matrix contains the supporting or comforting component of Indian psychological psychotherapy. The much more distinctive feature of Indian tradition is the nurturing nature of bonds [13]. The key phrase in treatment is "arise" (uthishthe). This activation comes from their inaction, misinformation to wisdom, indifference to joy, as well as from idleness to determining behavior. Gita captures the dynamics of the interaction so perfectly that Krishna regards his student as a companion who is skilled in discriminating as well as intellectual inquiry [14]. Arjuna exhibits a complete feeling of submission and is ready to receive instructions and be taught what to do. In the Gita, the teacher, as well as the student, shows what is absolutely important for harmony [15]. Disaster intervention therapy was provided on the battleground, and this was a notable quick remedy. The conversation on the battleground demonstrates the enormous capabilities and possibilities of the human intellect. These criteria suggest that the Gita is a psychotherapeutic masterwork that explores any facet of psychological functioning [16].

3. OBJECTIVES :

The major intent of this article is to offer some information about psychology as a discipline from an Indian viewpoint. These are some of the issues covered in this research, along with what Indian scriptures have to say about psychology from a scientific point of view and what the facets of the mind are. The following list includes some more important goals.

- (1) To define the term "aatman" in relation to psychology or the mind.
- (2) To comprehend Hinduism's views on manass, or the mind.
- (3) To learn some basic philosophy of mind which are discussed in Indian system of medicine (Aayurveda).
- (4) To shed some insight on the Upanishads' and other Hinduism ilk's conception of the mind.

4. METHODOLOGY :

This paper was written using secondary data that was acquired from a number of reputable and legitimate publications and websites. By referring to several other articles and subtopics, the collected data was methodically and scientifically screened to improve the correctness and legitimacy of this paper. The data was gathered from a number of reliable and reputable sources, including Google Scholar and academia. Cross-referencing all the information from sources like Google Scholar, Academia, and other websites led to the conclusion that there wasn't a lot of information from individual perspectives that were included.

5. THE CONCEPT OF "AATMAN" IN INDIAN PSYCHOLOGY :

The Upanishadic concepts of "Brahman" and "Atman" serve as the foundation for the examination of absolute truth. Being rooted in the term "brh," which means "to flourish" or "to burst out," brahman in the Upanishads denoted "prayer." What appears in an intelligible voice is Bhagavan's devotion. The Upanishads attribute philosophical importance to it as the fundamental reason of the cosmos, which instinctively manifests in the shape of all of the matter and not simply discourse [17].

Atman, which literally defined "breath," later evolved to refer to what really made up a man's real self or essence. Brahman's distinct and unique essence is the sole cause of the outside world; whereas Atman's is the human being's core self. Despite appearing to have separate importance, they were frequently utilized in combination. The separation between the basis of a person's core spirit and their physical state gave rise to the term "atman," which means "soul" or "self." The innermost reality of humans is Atman, widely known as the spirit or self [18]. The process of discovering this knowledge was illogical and frequently relied on contemplation. The idea of a global mind was applied universally, and the cosmos was compared to the components of a "huge man" or "purusha". For instance, in very few burial chants, the deceased person was referred to as "letting thine sight go to the sun, thy breath, to the breeze, etc." The writings of the later Vedic age are replete with references to the symmetry amongst the self as well as the universe. As the self or deepest truth of a person, atman transforms into the cosmic soul or self. The Upanishadic philosophy incorporates the idea of oneness so masterfully that it is articulated in phrases such as "I am Brahman" and the relationship "Brahman-Atman" [19]. Since both the person as well as the universe is manifestations of an identical truth, they both belong at the bottom. The relationship between man and nature is constant. According to Vedic psychology, "Atman" (the soul) is the ultimate personal being, and "Brahman" (the ultimate universal entity) is the ultimate universal person, both of which are characterized by unadulterated perception "Chit" or "Chitta". Whatever is above physical existence, vitality, consciousness, as well as understanding, makes up the foundation of identity [20]. It is the self, the Atman. Its mindfulness is its main quality. Wakefulness, fantasizing, as well as rest, is three different realms of cognition, although the self lives beforehand, during, and after each one. Denying consciousness is equivalent to denying all the others. Thus, the intellect, as well as the ego, is not the same. Seeing or "kshetrajna," seeing or "drasta", bearing witness or "sakshi", as well as being unchanging, are all aspects of the self or "kutastha". The entire persona termed as "Jiva" and "Jivatman", or the integrated mind, is the aggregate total of "chit" and "achit" (consciousness as well as substance), "kshetrajna" as well as "kshetra" (knower as well as recognized), and "karta and karana" or (doer or it's medium). The terms "Jiva," "Purusha," "Samsari," "the worldly person," "Vijnanaghana," "Vijnanatma," "Prajna," "Atma," and "Pratyagatma," as well as "Karta," "Bhokta," and "Kshetrajna," are interchangeable. The Upanishad teachings described manipulatives as primordial energy. The phrases "bhokta" or "experiment" as well as "Karta" or "agent", which is also used by the Upanishads to refer to the soul, jointly stress the psychical or cognitive part of the action. The fundamentals of thoughtless as well as cognitive functioning are known as "prana and manas", respectively. The five indriyas of knowledge—"caksu, shrotra, tvak, ghrana, touch, smell, and flavor"—and the five indriyas of action—"vak, pana, pada, payu, and upastha"—are used by the manas to carry out the cognizant side operations of the psyche. These five indriyas are the organs of "speech, holding, moving, excretion, and generation," respectively. "Cognition" In Indian psychiatry or psychology, the term "mind" formerly meant "thought," while the term "soul" meant "a substantial principle apart from it," meaning the expressions which include the physical entity as well as growth [21].

6. HINDUISM AND THE NOTION OF "MANASS" OR MIND :

The Indian tradition was don't ever originally known as "Hinduism," as well as people who practiced it since the dawn of time neither assigned it any other label than "dharma," which translates as "the everlasting law that upholds and maintains all who practice it." Old Persians employed the terms "Hindu" as well as "Hinduism" to describe folks who lived along the shores of the "Sindhu" or "Indus". The Sanskrit letter "S" was changed to the letter "H" in the vocabulary of the old Persians, and this term has persisted ever since [22].

The Bhagavad Gita, Upanishads, and Vedas are regarded as the three great Hindu classics. Among these, the four Vedas—Rig Veda, Yajur Veda, Sama Veda, and Atharva Veda—are recognized as the oldest and biggest. Both the essential tenets of Hinduism and its concepts are included. The Vedas claim that the primary purpose of worshipping God as manifestations of natural phenomena such as fire, water, wind, etc. was to express gratitude for the existence of all living creatures [23]. Over time, this worship of God has changed, and it now entails intricate webs of sacrifices and rituals intended to placate the gods. When one attempts to fully comprehend the relationship between the psyche as well as psychological problems from the "Rig Veda and Yajur Veda," the oldest Hindu knowledge, it tends to suggest that prayerful recitation of chants or rhymes can result in the emergence of virtuous ideas in the mind that assists in the avoidance of psychological suffering (depression) [24].

Both the "Yajur Veda" as well as the "Atharva Veda" sees the psyche as the source of awareness, the source of wisdom, the innermost furnace of intellect, and then a tool for mental imagery. The persistence of vision, knowledge, feelings, as well as volition, is also covered in length in several Vedic texts. There is also a mention of "Unmaada," or insanity, as a delusional form of cognition in the book. Other emotional aspects described in the text include sadness, jealousy, joy, hatred, connection, sloth, and etcetera [25]. Foundations of vision, cognition, awareness, as well as remembrance, are described in the Upanishads. The concept of "Prakriti", which might be compared to temperament in contemporary psychology, is described. The Upanishads outline the many psychological provinces, including awake, dozing, profound sleep, as well as Samadhi. From the perspective of their "trigunas" and "tridosas", the pathology of the psyche was comprehended. Feelings, as well as cognitive errors, are described in the Gita. The "Bhagwad Gita" also provides a lovely explanation of how to establish control over the wavering consciousness, as well as the results of failing to do so. The Gita fundamentally explains that an individual may be his or her own ruler as well as offers a path out of the troubles of this earth [26].

7. HINDUISM AS A RELIGION AS WELL AS CUSTOM :

Hinduism places a strong focus on personal spirit and spirituality, as well as the idealistic, introspective, and ancestor-worshipping principles of "Karma and Dharma", and holds all lives to be precious. Existence and the idea of surviving are mostly philosophical. The only purpose of humankind is almost never accepted to be materialistic security. The contemplative method places more emphasis on assessing a person's internal life as well as their sense of self than on the reality outside [27].

According to the Scriptures, the four primary purposes of life—"Dharma, Kama, Artha, and Moksha"—can be used to summarise the whole Hindu philosophy of lifestyle. "Dharma" is interpreted as morality, nobility, or religious obligation. It moreover, refers to the virtue of impartiality as well as commitment. Hinduism's greatest "Dharma" is to live a life of "Ahimsa," or nonviolence. The term "kama" describes the satisfaction of bodily requirements or enjoyable activities. "Artha" denotes the satisfaction of cultural wants as well as material success, financial success, and social acceptance. "Moksha" indicates deliverance or discharge from material possessions and enslavement, as well as a federation with the eternal truth. Dharma" is regarded as the main axial direction upon which life rotates among many. When someone strives to depart from the path of dharma, it typically leads to misery. For instance, if one merely seeks "Kama" or "Artha" without "Dharma," it will eventually cause hardship for both the person as well as many others around him [28].

The fundamental tenet of Hinduism is "as you sow, so shall you reap," as all earthly acts are referred to as "Karma". The rule of "Karma" holds that each and every occurrence includes both a reason as well as an effect. Each activity will have a response, as well as every cause's outcome will be decided in due order. Hindus consequently hold that their struggles with mental disease are likewise a result of their previous karma or the accumulated bad karma from their current lives. In accordance with the rule of "Karma", we have the power to alter our circumstances via self-improvement and understanding. Consequently, these ideas can be employed therapeutically to increase a patient's desire to alter their behavior for the better. Resurrection, which holds important significance in Hindu ideology as well as holds that the spirit is said to be eternal and, undergoes many different incarnations before fully realizing itself, is just another idea [29].

8. THE IMPRESSION OF "MIND" IN AYURVEDA; SOME BASICS :

The Indian medical system known as Ayurveda is rooted in ancient Vedic writings. The foundations of Ayurveda are extensively described in medical books from the first and second centuries AD. The "Charaka Samhita" is one of the scriptures that address clinical diagnosis as well as therapy. The Indian system of healthcare known as Ayurveda is established on ancient Vedic writings. The foundations of Ayurveda are extensively described in clinical books from the first and second centuries AD. "Charaka Samhita" is one of the scriptures that address medical diagnosis as well as care. According to the Charaka, the physical body is a collection of cells whose expansion is governed by "Karma", "Vayu" (oxygen or bioenergy), as well as "Svabhaava" (personal nature). "Shareera" (body), "Indriya" (sense organs and senses), "Satva" (consciousness), and "Atma" together make up life, or "Aayu" (soul). The Charaka believe that the psyche gives perceptions guidance, self-control, logic, as well as contemplation. The characteristics also cover the "Triguna hypothesis," which proposes three innate characteristics or forms of existence [30]. The three operating aspects of the psyche are known as the three Gunas: "Rajas", "Tamas", and "Sattva". Sattva is sometimes interpreted as "shine,"

"righteousness," or "cleanliness," and it comprises conscience, identity, and the capacity to discern or make well-considered decisions. "Rajas" is a word that denotes effort, vigor, and excitement as well as aggression, and "Tamas" is a word that denotes enmity, and tyranny. Different personality traits are also articulated using the three Gunas hypothesis. There are 21 distinct kinds of dispositions that are characterized based on the numerous iteration configurations. Additionally, explanations of madness (Unmaada), as well as demonic possession, as well as demonic invasion, are included in Ayurvedic scriptures (Bhutonmada) [31].

9. ARTICULATION OF "MIND" IN UPANISHAD: A BRIEF ANALYSIS :

The titles of "manas" are listed as "samjnana, ajana, vjana, prajana, medhasdtistidhrti, mati, manias, giti, smuti, sankalp, kratu, asu, kama, and vasa" in the Aitareya Upanishad [1]. In these accounts, the intellect part of an individual's disposition was measured. "Manas" has the ability to determine information, a sense of sovereignty, diverse types of thinking, as well as intellect. This Upanishad apparently uses the term "Chitta" in addition to the term "manas." Chitta seems to be what comprehends the real-world merit of objects [32].

10. THE CONCEPT OF MIND AND ITS PATHOLOGIES :

The presentation of pathology may be influenced by religious upbringing as well as behavior. Investigations on sufferers from the west who suffer from paranoid delusions have revealed that the clients' delusional beliefs are typically centered on mythology from older cultures. These ideas are known as "mythologems". Corresponding to this, certain impressions that may be seen as being typical of the client's religious upbringing may be seen as indicative of pathology. Therefore, failure to consider the client's religious affiliation might result in a wrong assessment. Sometimes, mentally ill individuals may take religious doctrine seriously as well as act in ways that are damaging to themselves or those who surround them. Independent of the socioeconomic and racial contexts of clients, as well as caretakers, research conducted in India reveals that cultural issues frequently color delusions and hallucinations in perspectives of supernatural events [33].

Underneath the principal apparent "pathology" of seminal fluid loss, which is known as "Dhat syndrome," numerous youngsters exhibit hypochondria, nervousness, as well as melancholy behaviors. The symptoms develop in the context of Ayurvedic teachings, which explain the physiological functions of the semen production process premised on the fundamental notion that the seven "Dhatus" are "chyle, bile, blood, flesh, fat, bone marrow, and semen"—are the seven indispensable components of the person's body and many are formed through such a cycle of subsequent inner cooking and transitions. Semen is the highly condensed and so therefore most valuable essence amongst some of the components of the human body after final distillation (dhatu). Dysfunction of the "dhatus" is described in detail in the Charak Samhita, where a sickness known as "shuklameha" (shukla = semen or sperm + meha = movement in urine) that resembles contemporary "Dhat syndrome" is prominently included. According to Susruta Samhita as well as Ayurveda, losing sperm in whatever form causes the life as well as strength of the body and mind to dwindle [34]. The idea that forty meals generate one pint of blood, forty blood globules construct one droplet of stem cells, and forty droplets of bone marrow generate one bead of sperm is another one that is supported by religious texts. Unlike other religions, Hinduism never considered losing sperm or masturbation as a sin, and what it upholds is that addiction to masturbation is not healthy.

11. THE CONCEPT OF MIND IN ADWAITA VEDANTHA :

Advaita refers to the mind as the "antahkarna," or an internal part. The outside structures serve as tools, either in sensation or movement. Organs of action include arms, feet, and others; systems of sensory awareness include eyes, ears, and others [1]. Vision, sound, touch, and flavor, as well as aroma, are the items that are perceived by the five senses. All of the exterior parts may communicate with the psyche. "Mana" — "buddhi", "ahanakara", and "chitta" — are the four sections that make up the total vital body system. The Advaitins split antahkarna into buddhi and manas alone and maybe even frequently incorporate "ahankar in manas" and "Chitta in buddhi" [35].

12. USE OF YOGA FOR THE MANAGEMENT OF PSYCHOLOGICAL ISSUES :

Yoga has gained a widespread reputation for its ability to alleviate anxiety, tension, and depression as well as promote better psychological well-being. Research from the west today and India, has examined

how effective it is for treating a range of psychological conditions. Investigations evaluating "Hatha yoga", "Iyengar yoga", and "Sudarshan Kriya yoga", as well as several spiritual yoga styles for the therapy of diverse mental diseases, were examined in the current meta-analysis research [1, 2]. Yoga and meditation techniques may help with problems that conventional therapies like pharmacotherapy as well as psychoanalysis fail to address. Yogic breathing is a very effective therapy for P.T.S.D as well as anxiousness. Given the benefits of yoga and indeed the widespread embrace of the practice among clients, encouraging patients to practice it with professional instruction might be an extremely helpful addition to other forms of psychotherapy [36].

13. NOTION OF MIND IN POORVA MIMAAMSA, SAMKHYA AND OTHER ALLIED SCHOOLS OF HINDUISM :

Advaita's concept of the psyche differs from "Purva Mimamsa's" principle of the psyche. "Prabhakara" and "Kumarila" are the mimamsa's two most prominent practitioners. Prabhakara asserts that manass is a material or "dravya", molecular or "anu", timeless, as well as very dynamic. Similarly Prabhakara, Kumarila views manass as a vital organ or "indriya". It cannot be functional independently of the person's body. Advaita principle views Antahkarana as having four main parts, but the mimamsa as whole views it as having just one element, manass [1, 2].

The "Samkhya" explanation of the psyche is similar to the Adwaitha Vedanta philosophy; it is referred to as the "internal organ in the body" or "antahkarna" as well as has just three components: the "buddhi", "ahankara", and "manas". Manas is referred to as an indriya or body unit, increasing the total tally of indriyas from 10 to 11. Its unique job is to detect satisfaction as well as suffering, called "sukha and dukkha". "Antahkarana" is distinct mostly from "atman or purusa". It is unadulterated understanding. The reason Antahkarna exists is because of the Atman's projection in Prakrti, which again is made up of the three elements "Sattva (purity), Rajas (activity), and Tamas (insensibility)". From out of Prakriti principle, mahat or even Boddha is born; from Boddha, ahankara is born; from ahankara, manas and the ten senses and motor systems are born. Because it controls the functions of both types of systems, manas is viewed both as an entity of sensation as well as a unit of actions. The perceptions, the buddhi, the ahankara, and all the other cognitive operations can all be active at the same time or one after the other [37].

14. THE CONCEPT OF MIND IN JAINISM, NYAAYA AND VAISHESHKA SCHOOL OF INDIAN PHILOSOPHICAL THOUGHT :

In Jainism, the term "manas" refers neither to a singular objective nor a specific event. Both "dravyamanas", or considerable manas, and "bhavamanas", or advisable manas, are referred to by this title. The earlier corresponds to the "Atman" and is known as materiality, whilst the second is known as Gynana. Both materialistic and mystical manas exist [1, 2]. According to Indian writers' analyses, manas is a notion that functions and are made up of the three elements of temperament, mind, and knowledge. These elements are well-integrated and synchronized and cannot exist apart. They constantly work together [38].

The Scriptures define Atman as "sat" (presence), "chit" (awareness), as well as "aanand" (happiness). Therefore, according to Advaita, all satisfaction, as well as enjoyment, should come from the aananda of the aatman [39]. Aatman, thus, as per "Nyaayavaisheshika", possesses fourteen attributes: "buddhi", which is wisdom; "sukha", which is enjoyment or pleasure; "dukkha", which is sadness; "iccha", which is ambition or desire; as well as "dvesa" which is hostility. Additionally, "yatna", which means working so hard, "sankhya", which is number, "pramiti", which is shape or size, "prathaktva", which is distinctness, and "amyoga", which is contact [40]. There is no other idea of manassu in Buddhist scripture than Lord Buddha, Chitta, or even Vjnaana. In Buddhist belief systems, the terms aatman, as well as pudgala, have been applied indiscriminately. It indicates that one has a spirit (atman) [41]. They believed it to be composed of 5 skandhas (consolidates): the collective of substance, the composite of thoughts, the collective of underlying impulses like urges, and the collective of constructs. "Samjna" is the word for the experience or the power of conceptualization, while "vijnanaskandha" is the collective knowledge. Anything and everything has to have a cognitive element, excluding rupshandha. The concept of individuality is reduced to an aggregation of averages [42].

15. CONCLUSION :

In line with the contemporary economy, India is rapidly expanding as a nation as well. The rich heritage, customs, and ideologies that it has accumulated are still valued and adhered to. A typical Indian is multifaceted and quite distinctive from a typical American or European [43]. They, therefore, have various ideas, demands as well as support networks. Moreover, it would be highly naive as well as fruitless to uncritically implement western ideals in the provision of mental healthcare. Furthermore, it would be highly naive as well as fruitless to uncritically implement western values in the provision of mental health [44]. Here, an opportunity has been taken to effectively summarise the key ideas of the many branches of Indian ideology as they pertain to analyzing human nature as well as its behavioral patterns. The immense store of insight as well as information that is a natural component of Indian theorists is clear from the foregoing, which has much more to teach psychology trainees [45]. For psychological healthcare practitioners, the enormous therapeutic benefits that each mode of thinking independently contributes are quite encouraging. Thus, notwithstanding our education in modern Western psychological institutes, Indian psychologists should be flexible in incorporating Indian notions into our treatment [46]. In order to legitimize our centuries-old concepts as well as views and avoid dismissing them as the remnants of third-world mysticism, we also need to rigorously examine their relevance, including practices like yoga, and meditation, as well as Indian forms of psychoanalysis and psychotherapy [47]. We have made a name for ourselves as a nation that is a powerhouse in transition, so we ought to value what makes us special, cherish our heritage, as well as uphold them as an essential component of our upkeep.

REFERENCES :

- [1] Avasthi, A., Kate, N., & Grover, S. (2013). Indianization of psychiatry utilizing Indian mental concepts. *Indian journal of psychiatry*, 55(2), 136–144. [Google Scholar ↗](#)
- [2] Srivastava K. (2010). Human nature: Indian perspective revisited. *Industrial psychiatry journal*, 19(2), 77–81. [Google Scholar ↗](#)
- [3] Salvador-Carulla, L., & Mezzich, J. E. (2012). Person-centred medicine and mental health. *Epidemiology and Psychiatric Sciences*, 21(2), 131-137. [Google Scholar ↗](#)
- [4] Murthy, R. S. (2010). From local to global—Contributions of Indian psychiatry to international psychiatry. *Indian journal of psychiatry*, 52(1), 30-46. [Google Scholar ↗](#)
- [5] Wig, N. N. (1999). Mental health and spiritual values. A view from the East. *International Review of Psychiatry*, 11(3), 92-96. [Google Scholar ↗](#)
- [6] Juthani, N. V. (2001). Psychiatric treatment of Hindus. *International Review of Psychiatry*, 13(2), 125-130. [Google Scholar ↗](#)
- [7] Liu, P., Zhu, W., & Pi, E. H. (2008). Non-traditional psychiatric treatments in Asia. *International Review of Psychiatry*, 20(5), 469-476. [Google Scholar ↗](#)
- [8] Varma, K. V. (1986). Cultural psychodynamics in health and illness. *Indian Journal of Psychiatry*, 28(1), 13-28. [Google Scholar ↗](#)
- [9] Avasthi, A. (2010). Preserve and strengthen family to promote mental health. *Indian journal of psychiatry*, 52(2), 113-133. [Google Scholar ↗](#)
- [10] Gautam, S. (1999). Mental health in ancient India & its relevance to modern psychiatry. *Indian journal of psychiatry*, 41(1), 5-17. [Google Scholar ↗](#)
- [11] Srivastava, K. (2010). Human nature: Indian perspective revisited. *Industrial psychiatry journal*, 19(2), 77- 92. [Google Scholar ↗](#)
- [12] Bennett, M. R. (2007). Development of the concept of mind. *Australian & New Zealand Journal of Psychiatry*, 41(12), 943-956. [Google Scholar ↗](#)
- [13] Edwards, S. D. (1998). The body as object versus the body as subject: The case of disability. *Medicine, Health Care and Philosophy*, 1(1), 47-56. [Google Scholar ↗](#)

- [14] Santoro, G., Wood, M. D., Merlo, L., Anastasi, G. P., Tomasello, F., & Germanò, A. (2009). The anatomic location of the soul from the heart, through the brain, to the whole body, and beyond: a journey through Western history, science, and philosophy. *Neurosurgery*, 65(4), 633-643. [Google Scholar ↗](#)
- [15] Walsh, R. N. (1980). The consciousness disciplines and the behavioral sciences: Questions of comparison and assessment. *American Journal of Psychiatry*, 1(1), 112-141. [Google Scholar ↗](#)
- [16] Thirunavukarasu, M. (2011). A utilitarian concept of manas and mental health. *Indian Journal of Psychiatry*, 53(2), 99-110. [Google Scholar ↗](#)
- [17] Pande, N., & Naidu, R. K. (1992). Anāsakti and health: A study of non-attachment. *Psychology and Developing Societies*, 4(1), 89-104. [Google Scholar ↗](#)
- [18] Leff, J., Wig, N. N., Bedi, H., Menon, D. K., Kuipers, L., Korten, A., ... & Jablensky, A. (1990). Relatives' expressed emotion and the course of schizophrenia in Chandigarh: A two-year follow-up of a first-contact sample. *The British Journal of Psychiatry*, 156(3), 351-356. [Google Scholar ↗](#)
- [19] Kulhara, P., Avasthi, A., Gupta, N., Das, M. K., Nehra, R., Rao, S. A., & Singh, G. (1998). Life events and social support in married schizophrenics. *Indian Journal of Psychiatry*, 40(4), 376-394. [Google Scholar ↗](#)
- [20] Wig, N. N., Menon, D. K., Bedi, H., Leff, J., Kuipers, L., Ghosh, A., ... & Sartorius, N. (1987). Distribution of expressed emotion components among relatives of schizophrenic patients in Aarhus and Chandigarh: II. *The British Journal of Psychiatry*, 3(1), 112-136. [Google Scholar ↗](#)
- [21] Vaughn, C. E., Snyder, K. S., Jones, S., Freeman, W. B., & Falloon, I. R. (1984). Family factors in schizophrenic relapse: Replication in California of British research on expressed emotion. *Archives of General Psychiatry*, 41(12), 1169-1177. [Google Scholar ↗](#)
- [22] Okojie, C. E. (1994). Gender inequalities of health in the third world. *Social science & medicine*, 39(9), 1237-1247. [Google Scholar ↗](#)
- [23] Connell, C. M., & Gibson, G. D. (1997). Racial, ethnic, and cultural differences in dementia caregiving: Review and analysis. *The Gerontologist*, 37(3), 355-364. [Google Scholar ↗](#)
- [24] Rammohan, A., Rao, K., & Subbakrishna, D. K. (2002). Religious coping and psychological wellbeing in carers of relatives with schizophrenia. *ACTA psychiatrica Scandinavica*, 105(5), 356-362. [Google Scholar ↗](#)
- [25] Gupta, S., Avasthi, A., & Kumar, S. (2011). Relationship between religiosity and psychopathology in patients with depression. *Indian journal of psychiatry*, 53(4), 330-342. [Google Scholar ↗](#)
- [26] Harrison, M., Koenig, H. G., Hays, J. C., Eme-Akwari, A. G., & Pargament, K. I. (2001). The epidemiology of religious coping: A review of recent literature. *International review of psychiatry*, 13(2), 86-93. [Google Scholar ↗](#)
- [27] Koenig, H. G., Weiner, D. K., Peterson, B. L., Meador, K. G., & Keefe, F. J. (1997). Religious coping in the nursing home: A biopsychosocial model. *The International Journal of Psychiatry in Medicine*, 27(4), 365-376. [Google Scholar ↗](#)
- [28] Koenig, H. G. (1998). Religious attitudes and practices of hospitalized medically ill older adults. *International journal of geriatric psychiatry*, 13(4), 213-224. [Google Scholar ↗](#)
- [29] King, M., Speck, P., & Thomas, A. (1999). The effect of spiritual beliefs on outcome from illness. *Social Science & Medicine*, 48(9), 1291-1299. [Google Scholar ↗](#)
- [30] Ayele, H., Mulligan, T., Gheorghiu, S., & Reyes-Ortiz, C. (1999). Religious activity improves life satisfaction for some physicians and older patients. *Journal of the American Geriatrics Society*, 47(4), 453-455. [Google Scholar ↗](#)
- [31] Kirov, G., Kemp, R., Kirov, K., & David, A. S. (1998). Religious faith after psychotic illness. *Psychopathology*, 31(5), 234-245. [Google Scholar ↗](#)

- [32] Tepper, L., Rogers, S. A., Coleman, E. M., & Malony, H. N. (2001). The prevalence of religious coping among persons with persistent mental illness. *Psychiatric services*, 52(5), 660-665. [Google Scholar ↗](#)
- [33] Hebert, R. S., Dang, Q., & Schulz, R. (2007). Religious beliefs and practices are associated with better mental health in family caregivers of patients with dementia: Findings from the REACH study. *The American journal of geriatric psychiatry*, 15(4), 292-300. [Google Scholar ↗](#)
- [34] Kulhara, P., Avasthi, A., & Sharma, A. (2000). Magico-religious beliefs in schizophrenia: A study from North India. *Psychopathology*, 33(2), 62-68. [Google Scholar ↗](#)
- [35] Rao, K. N., & Begum, S. (1993). A phenomenological study of delusions in depression. *Indian journal of psychiatry*, 35(1), 40-51. [Google Scholar ↗](#)
- [36] Chaturvedi, S. K. (1993). Neurosis across cultures. *International Review of Psychiatry*, 5(2-3), 179-191. [Google Scholar ↗](#)
- [37] Varma, L. P., Srivastava, D. K., & Sahay, R. N. (1970). Possession syndrome. *Indian Journal of Psychiatry*, 12(1), 58-70. [Google Scholar ↗](#)
- [38] Varma, V. K., Bouri, M., & Wig, N. N. (1981). Multiple personality in India: comparison with hysterical possession state. *American Journal of Psychotherapy*, 35(1), 113-120. [Google Scholar ↗](#)
- [39] Teja, J. S., Khanna, B. S., & Subrahmanyam, T. B. (1970). "Possession States" In Indian Patients/1. *Indian journal of psychiatry*, 12(1), 71-87. [Google Scholar ↗](#)
- [40] Adityanjee, R. G., & Khandelwal, S. K. (1989). Current status of multiple personality disorder in India. *Am J Psychiatry*, 146(12), 160-178. [Google Scholar ↗](#)
- [41] Deka, K., Chaudhury, P. K., Bora, K., & Kalita, P. (2007). A study of clinical correlates and socio-demographic profile in conversion disorder. *Indian journal of psychiatry*, 49(3), 205-224. [Google Scholar ↗](#)
- [42] Raguram, R., Venkateswaran, A., Ramakrishna, J., & Weiss, M. G. (2002). Traditional community resources for mental health: a report of temple healing from India. *Bmj*, 325(1), 38-52. [Google Scholar ↗](#)
- [43] Varma, V. K., & Ghosh, A. (1976). Psychotherapy as practised by the Indian psychiatrists. *Indian Journal of Psychiatry*, 18(3), 177-186. [Google Scholar ↗](#)
- [44] Venkoba, R. A., & Parvathi, D. S. (1974). The Bhagavad Gita treats body and mind. *Ind J Hist Med*, 19(1), 35-44. [Google Scholar ↗](#)
- [45] Balodhi, J. P., & Keshavan, M. S. (2011). Bhagavadgita and psychotherapy. *Asian Journal of Psychiatry*, 4(4), 300-314. [Google Scholar ↗](#)
- [46] Jacob, K. S., & Krishna, G. S. (2003). The Ramayana and psychotherapy. *Indian Journal of Psychiatry*, 45(4), 200-218. [Google Scholar ↗](#)
- [47] Shamasundar, C. (1993). Therapeutic wisdom in Indian mythology. *American Journal of psychotherapy*, 47(3), 443-450. [Google Scholar ↗](#)
