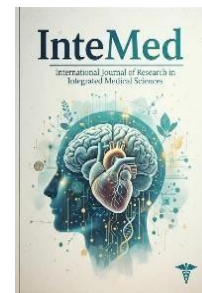




InteMed: International Journal of Research in Integrated Medical Sciences (IJ-RIMS)

Journal homepage: www.intemed.in

Vol.: 2 | Issue: 9 | Sep 2026



Article History: Received: 10-09-2026

Accepted: 12-09-2026

Published:30-09-2026

DOI: doi.org/10.68108/intemed.v2.i9.6

Review Article

PHYSIOLOGY OF MEDITATION WITH REFERENCE TO VARIOUS MANASIKA VYADHI

Dr. Suhas Hari More ¹, Dr. Pankaj kakde², Dr. Namita Gaikwad ³

1. Associate professor , kriyasharir , Shamrao Patil institute of ayurved research centre and hospital paniv Solapur Maharashtra 413113

Email : dr.suhasmore@gmail.com

2. Ex Assistant professor ,kriyasharir ,Dr. Dipak Patil ayurvedic medical College borpadaole kolhapur 416213

Email: pankajkakade88@gmail.com

3. Assistant professor , kriyasharir ,Shamrao Patil institute of ayurved research centre and hospital paniv Solapur Maharashtra 413113

Email : dnamita0806@gmail.com

Abstract: Mental health and psychosomatic disorders are increasingly recognized as important contributors to morbidity and impaired quality of life. Anxiety, depressive symptoms, chronic stress, sleep disturbances and stress-related somatic complaints are associated with alterations in emotional regulation, autonomic function, neuroendocrine activity and cognitive processing. Ayurveda gives considerable importance to the equilibrium of *Manas* and describes *Sattva*, *Rajas* and *Tamas* as fundamental qualities influencing mental functioning. *Rajas* and *Tamas* are considered *Manasika Dosha*, and disturbance in mental equilibrium may contribute to various *Manasika Vyadhi*.

Aim

To review the Ayurvedic concept and contemporary physiological basis of meditation and to explore its possible relevance in various *Manasika Vyadhi*.

Materials and Methods

Relevant classical Ayurvedic concepts concerning *Manas*, *Sattva*, *Rajas*, *Tamas*, *Sattvavajaya* and mental health were reviewed. Contemporary literature concerning meditation, mindfulness, autonomic nervous system activity, heart rate variability, hypothalamic-pituitary-adrenal-axis function, stress physiology, anxiety and depressive symptoms was

reviewed using biomedical literature databases, particularly PubMed.

Discussion

Meditation involves systematic regulation of attention, awareness, breathing, cognitive reactivity and emotional responses. Physiologically, meditation may influence autonomic regulation, cardiovascular function, respiratory pattern, hypothalamic-pituitary-adrenal-axis activity and stress-related biological markers. A systematic review of physiological stress markers reported reductions in several measures, including cortisol, blood pressure and heart rate, although effects differed according to meditation type and study population. Meta-analytic evidence has also investigated effects of mindfulness and meditation on vagally mediated heart-rate variability, an important measure related to autonomic regulation.

Contemporary clinical research indicates potential benefits of meditation-based interventions for anxiety, depressive symptoms and psychological stress. A meta-review of randomized-trial meta-analyses found evidence supporting meditation-based mind-body interventions as complementary approaches in mental disorders, while emphasizing heterogeneity and limitations of the evidence. More recent evidence also suggests beneficial effects of

mindfulness-based cognitive therapy for anxiety and depressive disorders.

Conclusion

Meditation may be understood as a mind-body intervention capable of influencing psychological processes and physiological systems involved in stress regulation. From an Ayurvedic perspective, its potential role can be interpreted in relation to *Manas*, *Sattva*, *Rajas*, *Tamas* and *Sattvavajaya*. Although meditation should not be considered a replacement for established psychiatric treatment, it may have an important complementary role in promoting mental well-being and supporting the management of stress, anxiety and depressive symptoms.

Keywords: Meditation, Dhyana, Manas, Manasika Vyadhi, Sattva, Rajas, Tamas, Sattvavajaya, autonomic nervous system, heart rate variability, stress, anxiety, depression, Ayurveda.

INTRODUCTION

Health is not merely the absence of physical disease but involves harmonious functioning of physical, psychological and social dimensions. The interaction between the mind and body is particularly evident in conditions associated with chronic psychological stress.

Modern physiology demonstrates that psychological stress can influence the autonomic nervous system, cardiovascular system, respiratory system, hypothalamic-pituitary-adrenal axis and immune processes. Persistent psychological stress may consequently be associated with sleep disturbance, anxiety, mood changes, fatigue and various somatic complaints.

Ayurveda has traditionally considered *Manas* to be an essential component of health. Mental functioning is described in relation to *Sattva*, *Rajas* and *Tamas*. *Sattva* is associated with clarity and stability, whereas *Rajas* and *Tamas* are described as *Manasika Dosha*. Disturbance in the equilibrium of these qualities is relevant to the Ayurvedic understanding of mental dysfunction.

Importantly, meditation is not a single standardized intervention. It includes mindfulness meditation, focused-attention meditation, open-monitoring meditation, mantra-based meditation and other contemplative practices. Consequently, physiological responses may vary according to the technique, duration, experience of the practitioner and clinical population.

AIM

To review the physiological basis of meditation and examine its possible relevance to various *Manasika Vyadhi* from Ayurvedic and contemporary biomedical perspectives.

OBJECTIVES

1. To describe the Ayurvedic concept of *Manas* and *Manasika Vyadhi*.

2. To understand the concept of meditation from traditional and contemporary perspectives.
3. To explain the physiological mechanisms associated with meditation.
4. To discuss the effects of meditation on the autonomic nervous system.
5. To examine the relationship between meditation and cardiovascular and respiratory physiology.
6. To discuss the possible influence of meditation on the HPA axis and stress physiology.
7. To review the relationship between meditation and brain function.
8. To explore the relevance of meditation to anxiety, depression, stress-related disorders and sleep disturbances.
9. To correlate Ayurvedic concepts with contemporary physiological mechanisms.
10. To identify limitations and future research requirements.

MATERIALS AND METHODS

This article is a narrative review integrating classical Ayurvedic concepts with contemporary physiological and clinical evidence.

Literature concerning meditation, mindfulness, stress physiology, autonomic function, heart-rate variability, anxiety, depression and mental health was identified primarily through PubMed-indexed literature. Systematic reviews, meta-analyses and relevant clinical studies were preferentially considered.

Classical Ayurvedic concepts were considered from standard texts including:

- *Charaka Samhita*
- *Sushruta Samhita*
- *Ashtanga Hridaya*
- Relevant Ayurvedic literature concerning *Manas*, *Sattva*, *Rajas*, *Tamas* and *Sattvavajaya Chikitsa*

The article integrates the two perspectives but does not assume that Ayurvedic concepts and modern physiological mechanisms are directly equivalent.

AYURVEDIC CONCEPT OF MANAS

In Ayurveda, *Manas* plays a central role in cognition, perception, attention, memory, motivation and emotional responses.

Manas is described as an internal instrument associated with the functioning of the sensory faculties and higher cognitive processes.

The interaction among: Atma → Manas → Indriya → Indriyarthā

is important in the process of perception and cognition. Therefore, disturbance in mental functioning can influence the individual's interaction with the external environment and may ultimately affect health.

SATTVA, RAJAS AND TAMAS

Ayurveda describes three *Guna* associated with mental functioning:

Sattva represents:

Clarity, Knowledge, Stability, Discrimination, Mental strength, Emotional balance, Appropriate decision-making

A predominance of *Sattva* is traditionally associated with healthy and balanced mental functioning.

Raja characterized by: Activity, Stimulation, Movement, Excitement, Emotional reactivity

Excessive *Rajas* may be conceptually associated with restlessness, agitation, irritability, excessive thinking and difficulty maintaining mental calmness.

Tamas is associated with: Heaviness, Inactivity, Dullness, Lack of motivation, Reduced awareness

Excessive *Tamas* may be conceptually related to lethargy, reduced motivation and diminished mental clarity.

Thus: Balanced Sattva → Mental stability

Excess Rajas → Agitation / hyperarousal

Excess Tamas → Inertia / reduced mental activation

These should be regarded as Ayurvedic conceptual categories rather than direct equivalents of modern psychiatric diagnoses.

MANASIKA VYADHI

Ayurvedic literature describes several conditions involving disturbances of mental functioning. Classical descriptions include conditions involving:

- Excessive fear, Anger, Grief, Anxiety-like states
- Abnormal behavior, Disturbances of cognition
- Sleep disturbance, Abnormal emotional responses

Modern psychiatric diagnostic categories should not be directly equated with individual Ayurvedic disease names without appropriate textual and clinical analysis. Nevertheless, an Ayurvedic framework involving *Manas*, *Sattva*, *Rajas*, *Tamas* and *Sattvavajaya* provides a useful conceptual basis for discussing mental health.

CONCEPT OF MEDITATION

Meditation may broadly be described as a systematic practice of regulating attention and awareness.

Different forms include: Focused-attention meditation

Attention is deliberately directed toward one object such as:

- Breath, Mantra, Sound
- Visual object, Bodily sensation

Open-monitoring meditation The practitioner observes thoughts, emotions and sensations without deliberately selecting one object as the sole focus.

Mindfulness meditation The practitioner develops non-judgmental awareness of present-moment experience.

Mantra meditation A word, sound or phrase is repeatedly used as an attentional focus.

Yogic meditation Traditional yoga includes several practices of concentration and meditation directed toward progressive internalization and mental stability.

MEDITATION AND THE NERVOUS SYSTEM

The nervous system provides a major physiological pathway through which mental practices can influence bodily function.

Meditation may influence:

Cognitive → attention → Emotional → regulation → Autonomic regulation →

Cardiovascular and respiratory function → Neuroendocrine stress response

This interaction is sometimes described as the mind-body pathway.

AUTONOMIC NERVOUS SYSTEM

The autonomic nervous system consists primarily of sympathetic and parasympathetic divisions, together with the enteric nervous system.

The sympathetic system is involved in mobilization during challenge or stress, whereas parasympathetic activity contributes to restorative and regulatory processes.

Meditation should not be simplistically described as producing only "parasympathetic activation." Contemporary research indicates that autonomic responses vary according to the meditation method and physiological context.

Research on advanced and long-term meditation indicates complex relationships between cardiac activity, respiratory

activity and autonomic regulation rather than a single uniform physiological response.

Therefore, the more appropriate concept is:

Meditation → improved regulation of physiological arousal

rather than:

Meditation → simple suppression of sympathetic activity.

MEDITATION AND HEART RATE VARIABILITY

Heart-rate variability (HRV) refers to physiological variation in the intervals between consecutive heartbeats.

HRV is influenced by autonomic regulation and is increasingly used as a physiological research measure in psychophysiology.

A meta-analysis of 19 randomized controlled trials investigated mindfulness and meditation-based interventions and vagally mediated HRV.

More recent research specifically examining brief mindfulness meditation found evidence suggesting that RMSSD, a commonly used vagally mediated HRV measure, may increase during or after brief mindfulness practice, although the evidence was heterogeneous and longer-term randomized trials were recommended.

EFFECT ON CARDIOVASCULAR SYSTEM

Meditation may influence cardiovascular physiology through changes in autonomic activity, respiration and psychological stress.

Potential effects include:

- Reduced heart rate→.Alteration in blood pressure
- Improved autonomic regulation→Changes in HRV
- Reduced physiological arousal

A systematic review and meta-analysis of physiological markers of stress included 45 studies and reported reductions in several physiological stress markers, including systolic blood pressure, cortisol and heart rate, although effects differed according to meditation subtype.

However, meditation should not be represented as an independent treatment for cardiovascular disease.

EFFECT ON RESPIRATORY SYSTEM

Respiration occupies a unique position because it is controlled automatically but can also be consciously modified.

Meditation practices involving awareness of breathing may alter:

- Respiratory rate,Respiratory depth,Breathing regularity, Awareness of respiratory sensations

Respiratory activity also interacts with cardiovascular autonomic regulation through respiratory sinus arrhythmia.

Therefore:

Breath awareness → respiratory regulation → cardiorespiratory interaction → autonomic regulation

This may be one pathway through which meditation produces measurable physiological changes.

Meditation should nevertheless be distinguished from *Pranayama*, where specific respiratory techniques are intentionally practiced

MEDITATION AND HYPOTHALAMIC-PITUITARY-ADRENAL AXIS

The hypothalamic-pituitary-adrenal (HPA) axis plays an important role in the physiological response to stress.

The basic pathway is:

Stress→Hypothalamus→CRH→Anterior pituitary→ACTH→Adrenal cortex→Cortisol

Cortisol is essential for normal physiological adaptation to stress. However, chronic dysregulation of stress systems has been associated with a range of psychological and physical consequences.

Research has investigated whether meditation influences cortisol and other biological markers of stress.

MEDITATION AND STRESS

Stress is one of the most frequently investigated applications of meditation.

Chronic stress can involve:

Psychological stress→Sympathetic activation + HPA-axis activation→cardiovascular and endocrine changes→Sleep disturbance + fatigue + emotional dysregulation

Meditation may intervene at multiple points in this pathway.

A meta-analysis of physiological stress markers reported reductions in cortisol, blood pressure, heart rate and other markers in meditation studies.

However, more recent large-scale research also demonstrates that effects on biological markers may be less consistent than effects on subjective psychological outcomes. A 2026 systematic review among employees found improvements in stress, anxiety, depression, well-

being and sleep, but did not find statistically significant pooled effects for several cardiometabolic markers, including HRV and cortisol; the authors noted heterogeneity and limitations in the evidence.

This illustrates an important principle:

Psychological benefits do not necessarily imply identical changes in every physiological biomarker.

MEDITATION AND ANXIETY

Anxiety is characterized by excessive apprehension, fear, worry and physiological arousal.

Common physiological manifestations include:

- Increased heart rate, Increased muscle tension
- Altered respiration, Sweating
- Gastrointestinal symptoms, Hypervigilance

Meditation may help by:

Attention regulation → Reduced cognitive reactivity → Improved awareness of bodily sensations → Reduced maladaptive response to anxious thoughts → Improved emotional regulation

Recent meta-analytic evidence on second-generation mindfulness interventions found significant reductions in anxiety symptoms, although the authors also identified methodological limitations and heterogeneity.

Mindfulness-based cognitive therapy has also been investigated in adults with anxiety and depressive disorders, with evidence supporting its potential efficacy and durability.

MEDITATION AND DEPRESSION

Depression may involve:

- Persistent low mood, Loss of interest, Negative thinking, Rumination
- Sleep disturbance, Reduced motivation
- Cognitive difficulties

Meditation may influence depression through:

Reduction of rumination

Repeated negative self-focused thinking may be interrupted through attentional redirection.

Increased present-moment awareness

Attention shifts from repetitive past- or future-oriented thinking toward present experience.

Improved emotional regulation

Individuals may develop greater ability to experience emotions without immediate behavioral reaction.

Decentering- Negative thoughts can be recognized as mental events rather than absolute facts.

Recent systematic evidence supports potential benefit of mindfulness-based approaches for depressive symptoms, while emphasizing that treatment effects vary according to intervention and population.

AYURVEDIC CONCEPT OF SATTVAVAJAYA

Sattvavajaya Chikitsa is an important Ayurvedic concept in the context of mental health.

It can broadly be understood as methods directed toward controlling or regulating the mind and reducing harmful mental engagement.

Meditative practices may be discussed in this conceptual framework because they involve:

- Regulation of attention, Control of mental fluctuations
- Development of awareness, Reduction of maladaptive cognitive patterns
- Cultivation of mental stability

Thus, meditation can be considered relevant to the broader Ayurvedic concept of mental discipline and *Sattvavajaya*, while recognizing that classical *Sattvavajaya Chikitsa* encompasses a wider therapeutic framework

AYURVEDIC-PHYSIOLOGICAL CORRELATION

Ayurvedic concept	Possible contemporary physiological/psychological correlate
Manas	Cognitive, emotional and attentional processes
Sattva	Clarity, stability, adaptive emotional regulation
Rajas	Increased activity, arousal and emotional reactivity
Tamas	Reduced activity, lethargy and diminished alertness
Manasika Dosha	Dysregulated mental/emotional states
Dhyana Meditation	/ Attentional and emotional regulation
Sattvavajaya	Regulation of maladaptive cognitive-emotional responses

Mental stability	Improved emotional and attentional regulation
Stress reduction	Reduced psychological and physiological arousal

These correlations are conceptual rather than direct one-to-one equivalences.

PROPOSED PHYSIOLOGICAL MECHANISM OF MEDITATION

A simplified model can be represented as:

MEDITATION-→Focused awareness / mindfulness→Reduced cognitive reactivity→Improved emotional regulation→Modulation of autonomic activity→Changes in respiratory and cardiovascular regulation→Possible modulation of HPA-axis activity→Reduction in physiological stress response→Improved psychological well-being→Potential reduction in anxiety, stress and depressive symptoms This model represents a plausible integrative framework rather than a single proven biological pathway

MEDITATION AND MANASIKA VYADHI:SUMMARY TABLE

Condition symptom domain	Possible role of meditation	Possible physiological pathway
Anxiety	May reduce excessive worry and reactivity	Autonomic regulation, attentional control
Depressive symptoms	May reduce rumination and improve awareness	Emotional regulation, cognitive flexibility
Stress	May improve perceived stress	Autonomic and HPA-axis regulation
Sleep disturbance	May reduce pre-sleep arousal	Relaxation and reduced cognitive activity
Trauma-related symptoms	Potential complementary intervention	Emotional regulation and autonomic regulation
Attention difficulties	May support attentional training	Sustained attention and cognitive control
Psychosomatic symptoms	May reduce stress-related amplification	Mind-body regulation

Emotional instability	May improve non-reactive awareness	Emotional regulation
-----------------------	------------------------------------	----------------------

MEDITATION AS A MIND-BODY INTERVENTION

The distinctive feature of meditation is that it simultaneously involves:

Psychological component

- Attention,Awareness,Cognition,Emotion,Nural component,Brain networks involved in attention and regulation

Autonomic component,Sympathetic-parasympathetic regulation

Cardiovascular component

- Heart rate,Blood pressure,HRV

Respiratory component

- Breathing rate
- Respiratory awareness

Endocrine component

- Stress-related hormonal regulation

Therefore, meditation may be considered a multisystem mind-body intervention.

EVIDENCE FROM CONTEMPORARY RESEARCH

A meta-review of 17 meta-analyses of randomized controlled trials concluded that meditation-based mind-body interventions have potential utility as complementary approaches in mental disorders, while emphasizing differences in evidence quality and intervention types.

Research on physiological stress markers has demonstrated potential reductions in cortisol, blood pressure and heart rate following meditation interventions.

A meta-analysis of randomized trials examined the effect of mindfulness and meditation interventions on vagally mediated HRV, supporting continued investigation of autonomic mechanisms.

More recent research on brief mindfulness meditation suggests that short-term changes in HRV may occur, although evidence remains heterogeneous and long-term studies are needed.

Clinical evidence also supports investigation of mindfulness-based approaches for anxiety and depression.

Overall, the current literature supports meditation as a potentially useful adjunctive intervention rather than a replacement for evidence-based psychiatric care.

ADVANTAGES OF MEDITATION

Meditation has several practical advantages:

1) It requires minimal equipment. 2) It can be practiced in various settings.

3) It can be adapted to different populations 4) It promotes self-awareness

5) It can be incorporated into daily routines. 6) It may support stress management.

7) It may complement psychological and medical treatment.

8) It is compatible with preventive and health-promoting approaches.

LIMITATIONS OF MEDITATION RESEARCH

Several limitations must be considered:

1 Heterogeneity--"Meditation" includes multiple distinct techniques.

2 Difficulty with blinding

Participants generally know whether they are practicing meditation.

3 Self-report bias

Many studies rely partly on subjective psychological outcomes.

4 Variable intervention duration

Studies may range from single sessions to several months.

Changes in cortisol, HRV, blood pressure and other biomarkers are not consistently demonstrated across all studies.

Consequently, claims about mechanisms should remain appropriately cautious

FUTURE RESEARCH PERSPECTIVES

Future research should focus on:

1. Standardization of meditation protocols.
2. Longer-duration randomized controlled trials.
3. Larger sample sizes.
4. Sleep-related physiological measurements.
5. Clinical psychiatric populations with established diagnoses.
6. Ayurvedic assessment of *Sattva*, *Rajas* and *Tamas* alongside validated psychological scales.

7. Comparison between meditation and established psychological interventions.

8. Research examining meditation as an adjunct to Ayurvedic treatment.

A particularly promising area is integrative psychophysiology, in which Ayurvedic concepts of *Manas* and *Sattva* are investigated alongside measurable physiological and psychological parameters.

DISCUSSION

Meditation represents a unique intersection between traditional knowledge and contemporary mind-body science. Ayurveda approaches mental health through concepts such as *Manas*, *Sattva*, *Rajas*, *Tamas* and *Sattvavajaya*, while modern physiology investigates attention, emotion, autonomic function, neuroendocrine regulation and brain networks.

The two frameworks should not be artificially equated. Nevertheless, they can be placed in dialogue.

From the Ayurvedic perspective, meditation may contribute to mental stability by reducing excessive mental activity and supporting qualities associated with *Sattva*. From the contemporary physiological perspective, meditation may influence attention, emotional regulation and stress-related physiological systems.

The evidence is strongest for psychological outcomes such as stress, anxiety and depressive symptoms, while evidence concerning specific physiological biomarkers remains more heterogeneous. This distinction is important for scientific interpretation.

Recent evidence demonstrates that meditation and mindfulness-based interventions can have measurable effects on mental-health outcomes, while research into HRV and other biomarkers continues to evolve.

Thus, meditation may be best understood as a complementary self-regulatory practice that can potentially support conventional treatment and preventive mental-health strategies.

CONCLUSION

Meditation is an ancient mind-body practice with increasing scientific relevance. From an Ayurvedic perspective, it can be understood in relation to the regulation of *Manas* and the promotion of *Sattva*, with relevance to the management of mental disturbances associated conceptually with excessive *Rajas* and *Tamas*.

From the perspective of modern physiology, meditation involves complex interactions among cognitive processes, brain function, autonomic regulation, cardiovascular activity, respiration and neuroendocrine stress mechanisms.

Current evidence suggests that meditation-based interventions can contribute to improvements in anxiety, depressive symptoms, psychological stress and well-being in several populations. Evidence for physiological changes, including HRV and stress biomarkers, is promising but heterogeneous.

Therefore, meditation may have an important role as a complementary intervention for mental well-being and selected *Manasika Vyadhi*-related symptom domains, while not replacing appropriate psychiatric diagnosis and treatment.

The integration of Ayurvedic concepts with modern psychophysiology offers a valuable field for future research. Well-designed clinical trials combining Ayurvedic assessment with objective physiological parameters may help clarify the mechanisms and therapeutic potential of meditation.

Meditation may be viewed as a bridge between Manas and physiology—linking attention, emotional regulation, autonomic function and stress physiology.

Ayurvedic perspective:

Manas → Sattva ↑ → Rajas/Tamas regulation → Mental stability

Physiological perspective:

Meditation → Attention & emotional regulation →
Autonomic modulation → Stress regulation →
Psychological well-being

REFERENCES

- Goyal M, Singh S, Sibinga EMS, et al. Meditation programs for psychological stress and well-being: A systematic review and meta-analysis. *JAMA Internal Medicine*. 2014;174(3):357-368.
- Vancampfort D, Stubbs B, Van Damme T, et al. The efficacy of meditation-based mind-body interventions for mental disorders: A meta-review of 17 meta-analyses of randomized controlled trials. *Journal of Psychiatric Research*. 2021;134:181-191. doi:10.1016/j.jpsychires.2020.12.048.
- Pascoe MC, Thompson DR, Jenkins ZM, Ski CF. Mindfulness mediates the physiological markers of stress: Systematic review and meta-analysis. *Journal of Psychiatric Research*. 2017;95:156-178.
- Brown L, Rando AA, Eichel K, Van Dam NT, Celano CM, Huffman JC, Morris ME. The effects of mindfulness and meditation on vagally mediated heart rate variability: A meta-analysis. *Psychosomatic Medicine*. 2021;83(6):631-640. doi:10.1097/PSY.0000000000000900.
- Barbry A, Gál É, Carton A, Coquart J. Effect of brief mindfulness meditation interventions on heart rate variability in adults: A systematic review. *Applied Psychophysiology and Biofeedback*. 2026;51(1):3-18. doi:10.1007/s10484-025-09724-y.
- Cheng YC, Su MI, Liu CW, et al. Heart rate variability in patients with anxiety disorders: A systematic review and meta-analysis. *Psychiatry and Clinical Neurosciences*. 2022;76(7):292-302. doi:10.1111/pcn.13356.
- Nandarathana N, Ranjan JK. The efficacy and durability of mindfulness-based cognitive therapy in the treatment of anxiety and depressive disorders: A systematic review and meta-analysis. *Indian Journal of Psychological Medicine*. 2025;47(3):214-222. doi:10.1177/02537176241249375.
- Charaka. *Charaka Samhita*, with relevant sections concerning *Manas*, *Sattva*, *Rajas*, *Tamas*, *Sattvavajaya* and mental health. Standard editions and commentaries.
- Sushruta. *Sushruta Samhita*, with relevant sections concerning *Manas* and mental disturbances. Standard editions and commentaries.
- Vagbhata. *Ashtanga Hridaya*, with relevant sections concerning mental health, *Manas* and *Sattva*. Standard editions and commentaries.
- Patanjali. *Patanjala Yoga Sutra*, particularly the concepts of *Dharana*, *Dhyana* and *Samadhi*.