

THE IMPACT OF YOGA PHILOSOPHY ON MENTAL HEALTH: A COMPREHENSIVE REVIEW

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Abstract

Yoga philosophy, as presented in texts like the *Yoga Sutras of Patanjali*, the *Bhagavad Gita*, *Yoga Vasistha*, and *Upanishads*, offers a comprehensive framework for understanding mental health. This review explores the relationship between yoga philosophy and mental health, drawing from empirical studies and conceptual frameworks. A systematic search was conducted using Google Scholar, PubMed, and Science Direct, focusing on studies that integrate physical yoga practices with philosophical teachings. The results reveal significant mental health benefits when yoga's philosophical elements, such as ethical principles, are combined with physical postures (asanas). The review concludes that yoga philosophy offers a holistic and integrative approach to mental health, benefiting not only the physical body but also enhancing emotional balance, mindfulness, and overall well-being. This review suggests a more structured inclusion of yoga philosophy in clinical and therapeutic settings to maximize mental health outcomes.

Keywords: Yoga, yoga philosophy, mental health.

Introduction

Yoga, an ancient practice rooted in Indian philosophy, offers more than physical postures (asanas). Its philosophical foundation emphasizes a holistic approach to health, integrating physical, mental, and spiritual well-being. Over the years, researchers have explored yoga's potential to alleviate mental health conditions such as anxiety, depression, and stress, yet much of the research has focused on the physical aspects of yoga practice such as Asanas(postures), Pranayama(breath regulation). As contemporary societies face increasing mental health challenges, there is a growing interest in exploring holistic approaches that integrate mind, body, and spirit. Yoga philosophy, as presented in texts like the *Yoga Sutras of Patanjali*, the *Bhagavad Gita*, *Yoga Vasistha*, and *Upanishads*, offers a comprehensive framework for understanding mental health. These texts highlight principles like mindfulness, self-discipline, self-compassion and the pursuit of inner peace, which are essential for mental health. Despite its relevance, the philosophical dimension of yoga remains underutilized in modern yoga practice as well as in clinical settings. The philosophical dimensions of yoga also play a crucial role in mental health. Concepts such as the Panchakosha theory, which outlines the five layers of human existence and the ethical principles of Yama and Niyama

provide a framework for understanding and treating mental health disorders (Villaceres et al., 2014; Smith et al., 2011). These concepts could effectively guide therapeutic practices to achieve mental tranquility and emotional resilience. Yoga's integrative approach, combining physical, mental, and spiritual practices, aligns with holistic health models that emphasize the importance of addressing all aspects of an individual's well-being. Studies have shown that yoga can enhance life satisfaction, spiritual connection, and interoceptive awareness, contributing to overall mental health (Koncz et al., 2023). The integration of yoga philosophy into mental health practice offers a path for enhancing psychological resilience and promoting holistic well-being. This review aims to explore the intersection of yoga philosophy and mental health, offering insights into its therapeutic potential.

Methods

A comprehensive review was conducted to investigate the relationship between yoga philosophy and mental health. The databases Google Scholar, PubMed, and ScienceDirect were systematically searched using keywords such as "Yoga," "Yoga Philosophy," and "Mental Health." The review included empirical studies that integrated both practical and philosophical aspects of yoga as well as conceptual studies that explored yoga's theoretical frameworks. Studies were included if they focused on mental health outcomes in populations with conditions like anxiety, depression, PTSD, or stress and if they integrated philosophical components such as ethical guidelines (Yamas and Niyamas), mental afflictions (Kleshas), mental traits (Gunas), five layers of human existence (Panchakosha). Both randomized controlled trials (RCTs) and observational studies were considered for inclusion. The review also incorporated case analyses and qualitative interviews to explore the conceptual impact of yoga philosophy in clinical practice.

Reviewed Literature

Empirical Studies:

Vahia et al. (1973) conducted a double-blinded randomized controlled trial (RCT) with 165 participants suffering from anxiety, depression, hysteria, and bronchial asthma. The intervention included yogic counseling based on Patanjali's concepts, administered for one hour daily, six days a week, over six weeks, with a follow-up extending over nine years. The study reported significant reductions in anxiety and depression scores.

Another study by Vahia et al. (1966) found that yoga asana and pranayama, along with supportive psychotherapy, normalized muscle tone and heart rhythm, indicating a calming effect on the nervous system.

Telles et al. (2009) conducted a study involved 300 participants and compared the effects of yoga practice with yoga theory. The yoga practice group engaged in loosening exercises and pranayama, while the yoga theory group watched a DVD on yoga principles. After two-hour sessions, the results indicated a 14.7% decrease in state anxiety in the yoga practice group and a 3.4% decrease in the yoga theory group.

Smith et al. (2011) conducted a study to compare the physical and mental benefits of an exercise-based yoga practice to that of more comprehensive yoga practice (one with an ethical/spiritual components). The study involved 81 undergraduate students with mild to moderate depression, anxiety or stress. They found that an integrated yoga practice, which includes ethical practices, had a greater impact on reducing anxiety-related symptoms and salivary cortisol levels compared to practicing physical postures (asana) alone.

Tekur et al. (2012) conducted a randomized single-blind active study comparison of 80 patients with chronic low back pain, divided into yoga and physical exercise groups. The yoga group underwent a comprehensive program that included asanas, pranayamas, meditation, yogic counseling, and lectures on yoga philosophy. The control group participated in physical therapy exercises for back pain, along with matching counseling and education sessions. The results indicated significant improvements in both groups, although the yoga group demonstrated more benefits.

Bussing et al. (2012) conducted 6 months of Intensive yoga practice with 160 participants engaging in both theory (lectures on yoga philosophy) and practical aspects of yoga practice. The study used assessment tools such as Aspects of Spirituality (ASP), Freiburg Mindfulness Inventory (FMI), Brief Multidimensional Life Satisfaction Scale (BMLSS), and Positive Mood, finding showed that intensive yoga practice significantly enhanced spirituality, mindfulness, and mood.

Villaceres et al. (2014) used semi-structured qualitative in-depth interviews with a small sample, including four treating team members and two depression patients. They explored the Integrated Approach to Yoga Therapy (IAYT) based on Panchakosha theory. The interviews highlighted a conceptual framework focusing on patient-related, therapist-related, and treatment-related factors in achieving therapeutic goals.

Satish (2014) provided case analysis for two individuals dealing with panic attacks and performance anxiety, respectively. After five weeks of yoga-based counseling based on Yoga Sutra of Patanjali and practices, the study found effective regulation of mental afflictions and enhanced focus.

Nosaka (2015) performed a case-control study involving 90 school employees who participated in integrated yoga therapy sessions over three months. The sessions included psychological education and counseling about stress management and yoga theories, as well as the practices of asanas, pranayama, relaxation, and cognitive structure based on Indian philosophy. The results showed increased levels of calmness and cheerfulness and decreased cognitive mind and body stress.

Yi et al. (2022) performed an RCT with 94 women with PTSD, offering Kripalu yoga (a kind of yoga focuses on compassionate self-observation, building connections between mind and body on the present moment) sessions over 12 weeks. The intervention led to significant reductions in depression, anxiety, and PTSD symptoms.

Koncz et al. (2023) conducted a quasi-randomized study with 73 participants who underwent a complex yoga intervention focusing on three major topics: 5 scientific lectures on health

and healthy lifestyle, 12 practical yoga classes, and 10 club meetings over three months. The findings indicated reduced perceived stress and negative affectivity, alongside improved spirituality and interoceptive awareness.

Bhargav et al. (2023) carried out a cross-sectional study with 113 patients with psychiatric disorders and 113 healthy controls, assessing their levels of Sattva using the Vedic Personality Inventory, finding that healthy controls exhibited higher levels of Sattva compared to patients with various mental health conditions. This suggests that yoga philosophy's emphasis on Sattva can be integral to mental health.

Sathiyavathi et al. (2024) conducted a randomized controlled trial with 76 women prisoners, comparing Integrated Approach of Yoga Therapy which includes lecture session to free-choice physical exercise over 15 days. The intervention significantly improved cognitive reappraisal, emotional suppression, positive affect, and negative affect.

Table: Studies involve philosophical teachings of yoga

Authors & year	Study design	Sample size	Intervention	Sessions	Assessments	Results
Telles et al., 2009	2 groups experimental Design (yoga practice group vs yoga theory)	Convenience based sampling 300 Naïve to yoga persons. 105 men (yoga practice group) 124 men (yoga theory group)	Yoga practice group(loosening exercises 30 min, pranayama 60 min) Yoga lecture group(participants were asked to watch a prerecorded DVD (video) which described the basis and principles of yoga practice, as well as the concept of stress reduction described in ancient yoga texts.	2-hour sessions	The state-trait Anxiety inventory	↓State anxiety was found in the yoga practice group (14.7% decrease), as well as in the yoga theory group (3.4% decrease).
Vahia et al., 1973	Double blinded RCT	N=165 Anxiety state(n=69) Depression(n=45) Hysteria(n=36) Bronchial asthma(n=15)	Yogic counseling content: Causes of suffering (Kleshas)	9 years follow-up study Duration:1 hour for 6 days/week for a period of 6 weeks	1. Taylor's Anxiety Rating Scale 2. Hamilton's Depression Rating Scale 3. Bell's Social Adjustment Scale	↓ Taylor's Anxiety Rating score.
Vahia et al., 1966	Case Series	N=30 Anxiety disorder(n=14) Anxiety with depression(n=5) Conversion reaction(n=4) Asthma with anxiety/depression (n=3) Early schizophrenia(n=1).	Yoga asana, pranayama, supportive psychotherapy of concentration(Dharma) and meditation(Dhyana)	Duration: 6days/week(30 mins-1hour) for 4-6 months.	1. Electromyograph (EMG): Muscle tone during Relaxation 2. Electro cardio-graph (ECG)	Normal rhythm of stomach movements may be re-established. Heart rate ↓. In some cases, the frequency of the cardiac rhythm was voluntary reduced to 20

		Peptic ulcer(n=1), Hysteria(n=1)				to 30 beats per minutes.
Michiyo Nosaka, 2015	Case control	N=90 Daily practice group (case :n=43) Nonconsecutive daily practice group (control: n=47)	Stress management education program based on an integrated yoga therapy session: 1. Psychological education and counseling about stress management and yoga theories. 2. Practices of asana, pranayama, relaxation. 3. Cognitive structure based on Indian philosophy.	3 months Practice more than 3 days a week(Daily practice group) Less than 2 days a week (Nonconsecutive daily practice group)	1. Two-dimensional mood scale 2. General Health Questionnaire 28 (GHQ 28) 3. Subjective units of distress for mind and body.	1. ↑ level of calmness, comfort and cheerfulness. 2. ↓ cognitive mind and body stress. 3. The total scores on the GHQ28 showed significant differences between the two groups.
Villaceres et al., 2014	Semi-structured qualitative in-depth interviews.	Sample: Treating team(n=4); Depression Patient(n=2)	Panchakosha theory is explained with the motive of reaching the state of Ananda/happiness by administering yogic games and interactive sessions. PranamayaKosa: Devotional session for emotional culture through “Bhakti yoga” and VijnanamayaKosa practices include lectures and yogic counseling using yogic concept of fearlessness for stress management.	Interview duration: 45mins-1hour	In-depth Interview	The conceptual framework of IAYT depicts that patients related factors, therapist related factors and treatment related factors, play an integrated role in reaching the “aim of IAYT” and experiencing “Improvements and changes”.
Satish,2014	Case Analysis	N=2 Person with panic attack(n=1) Person with performance anxiety(n=1)	Person with panic attack : Five weeks training include 1. Mind body relaxation using breath regulation in simple postures and recitation of Om. 2. To explore the source of his distraction or conflicts. A thorough enquiry (non-judgemental supportive questioning). 3. Self- reflection, guided on the principle of surrendering to Higher force. 4. Process of being here and now. To introduce positive affirmation. Person with	Five weeks	Interview	Regulate the mental afflictions and focus on their activities.

			performance anxiety: Yoga postures and rhythmic breath practice in a step wise manner.			
Koncz et al., 2023	Quasi-randomized design	Intervention group (n=44) Control group(n=29)	Training focusing on three major topics: 5 scientific lectures on health and healthy lifestyle, 12 practical yoga classes, and 10 club meeting.	3 months	1.Positive and negative affect schedule 2.Multidimensional awareness of interoceptive awareness 3. Perceived stress scale 4.Satisfaction with life scale 5.Spiritual connection questionnaire	Reduced perceived stress and negative affectivity, improved spirituality and interoceptive awareness .
Bhargav et al., 2023	Cross-sectional	Patients(n=113) Healthy & controls(n=113) Patients: Depression (n=30) Schizophrenia (n=280) Obsessive compulsive disorders (n=23) Anxiety (n=30) Bipolar affective disorder (n=16)	Not applicable	Not applicable	Vedic Personality Inventory	Healthy controls had significantly higher levels of Sattva than patients with all other psychiatric disorders except for Obsessive compulsive disorders.
Sathiyavathi et al., 2024	Randomized control Trial	76 women prisoners with moderate to severe stress levels Group 1(n=36) Group 2(n=40)	Group 1: Integrated Approach of Yoga Therapy Group 2: Free choice physical exercise	15 days 90 min/day	1.State-Trait Anxiety Inventory (STAI) 2.Beck Depression Inventory (BDI) 3.Emotion Regulation Questionnaire(ERQ) 4.Positive and negative affect schedule (PANAS)	↑in cognitive reappraisal (CR) parameter and Emotional suppression parameter (ES) of ERQ. Significant improvement in PA and NA of PANAS
Yi et al., 2022	Randomized control Trail	N=94 (Women survived in motor vehicle accident) Yoga group(n=47) Control group(n=47)	12 weeks yoga session (Kripalu yoga) developed by research team	6 yoga session in 12 weeks (1 session in every 2 weeks) for 45 min	1.Depression Anxiety Stress Scale (DASS) 2.Impact of Event Scale-Revised (IES-R)	IES-R total score of yoga group was ↓ than the control group. DASS-21 total score of yoga group was ↓ than the control group.
Bussing et al., 2012	Interventional study	N=160 91% women Mean age 40.9±8.3 years	Subjects were instructed in both theory and practical aspects of yoga practice (Asanas, pranayamas, relaxation, meditation, mantras, lectures on yoga philosophy). Trainees were also encouraged to read recommended books on yoga practiced at home.	Weekly 3 hour session for 6-months	1.Aspects of Spirituality(ASP) 2.Mindfulness(FMI-Freiburg Mindfulness Inventory) 3.Life satisfaction(BMLSS-Brief Multidimensional Life Satisfaction Scale) 4.Positive mood(lightheartedness/relief)	6-month intensive yoga practices significantly increase specific aspects of practitioners' spirituality mindfulness and mood.
Tekur et al., 2012	Randomized single blind active study	80 patients (37 female, 43 male) with chronic low back pain to yoga	Yoga group program included asanas and pranayamas for back	7 days (5am to 10 pm) intensive residential yoga program	1.State-trait anxiety inventory(STAI) 2. Beck's depression	Reduced pain significantly in both groups, 49% in yoga

		and physical exercise groups.	pain, meditation, yogic counseling and lectures on yoga philosophy. Control group program included physical therapy exercise for back pain, and matching counseling education sessions.		inventory (BDI) 3. Numerical rating scale (NRS) for pain 4. Sit and reach (SAR): measures hamstring and lower back flexibility.	and 17.5% in controls. State anxiety (STAI) ↓ 20.4% and trait anxiety 16% in yoga group. Depression (BDI) ↓ in both groups, 47% in yoga and 19.9% in controls. Spinal mobility improved in both groups, 50% in yoga and 36.6% in controls.
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Conceptual Studies:

Nagendra (2013) highlighted the effectiveness of an integrated approach to yoga therapy (IAYT) in treating mental illnesses. IAYT targets all five levels of existence (Pancha Koshas) and uses various yoga practices, including physical postures, breathing exercises, and mental relaxation techniques. Yoga practice can be used to tackle psychosomatic and psychiatric disorders in five ways, the calming effects, increased self-awareness, improved attention span, adaptability, and a sense of security through devotion (Bhakti Yoga).

Gard et al. (2014) proposed a framework that highlights four components—ethics, postures, breath, and meditation that are rooted in a historical frame- work and employed in varying degrees in contemporary contexts as a model for understanding how yoga may achieve its benefits – facilitating self-regulation and resulting in psychological and physical well-being.

de Manincor et al. (2015) recommended that there's a consensus on the inclusion of four main components: postures, breath, relaxation, and meditation in yoga practice for mental health. They also recommended the cultivation of positive values, attitudes, and behaviors, including gratitude, kindness and compassion, and awareness of negative sensory input (pratyahara). The study suggested that a holistic approach to yoga, incorporating both physical and philosophical aspects, is effective in enhancing overall mental health.

Singh (2017) highlighted the role of yoga in mental health, mentioning ethical principles, asanas, and pratyahaar. Ethical guidelines, particularly the Yamas and Niyamas, provide a foundation for mental well-being by encouraging self-discipline and compassion. Asanas, or physical postures, rejuvenate the body and mind, reducing emotional blockages and enhancing mental health. Pratyahaar, which involves sensory withdrawal, aids in managing stress and improving emotional control, with practices like Yoga Nidra being especially effective in reducing anxiety and hypertension.

Sullivan et al. (2018) proposed an explanatory framework for yoga therapy grounded in phenomenology, eudaimonia, virtue ethics, and first-person ethical inquiry. By harmonizing

body, mind, and environment, yoga therapy aims to achieve eudaimonic well-being. The framework addressed the diversity of yoga practices and their application in clinical settings, emphasizing the importance of a unified approach to ensure effectiveness. The framework also emphasized the importance of integrating philosophical concepts with contemporary biomedical science to create a cohesive understanding of yoga therapy's mechanisms and applications in modern healthcare.

Ramanujapuram (2018) investigated the effects of ancient contemplative practices, such as yoga and meditation, on the brain and nervous system using sophisticated technology. This field provided a scientific basis for the traditional spiritual techniques of yoga, demonstrating their benefits on both mental and physical health. The transformative care paradigm of health integrates physical, mental, social, and spiritual factors, highlighting that contemplative practices can enhance resilience and reduce disease risk. Spirituality, central to yoga philosophy, is recognized as an essential dimension of health, contributing to improved well-being, stress management, and overall quality of life.

Another Ramanujapuram (2018) study discussed the Yoga-Integrated Health Neuroscience Paradigm (YOGIHANSAM), which blended yoga philosophy with health psychology and neuroscience to create a comprehensive healthcare model. The paradigm highlighted how yoga supports mental health by fostering neuroplasticity, reducing stress, and improving emotional balance. This study emphasized the relevance of yoga philosophy in modern mental health interventions, underscoring its potential to enhance psychological resilience and overall well-being.

Mishra et al. (2019) critically analyzed the Panchakosha theory in yoga, which is significant for understanding mental health from a yogic perspective. It identified five sheaths (koshas) that envelop the soul: Annamaya (physical body), Pranamaya (life force), Manomaya (mind), Vijnanamaya (intellect), and Anandamaya (bliss). Each kosha influences different aspects of mental health, suggesting that holistic well-being requires addressing all levels. Techniques like pranayama, meditation, and proper diet are highlighted to balance these koshas, enhancing mental health and spiritual growth.

Sirswal (2019) explored the integration of yoga philosophy into mental health practices, emphasizing its relevance in modern psychological frameworks. The paper highlighted the holistic approach of yoga, which encompasses physical, psychological, and spiritual dimensions, aiming to achieve mental tranquility and overall well-being. It also highlighted the significance of the eight limbs of yoga, the role of yoga in stress management, and the alignment of yoga with Indian psychology for self-realization and mental health improvement.

Bhargav et al. (2020) highlighted the philosophical aspects of yoga relevant to mental health counseling. It described key principles such as offering guidance only when sought, listening calmly without judgment, and providing multiple paths for spiritual well-being, emphasizing the importance of personalized counseling based on one's personality and capacity. The theory of trigunas (sattva, rajas, tamas) explains different behavioral tendencies and their impact on mental health. The text also connects ancient yogic paths (Jnana, Raja, Karma,

Bhakti) with personality types, suggesting specialized coping strategies to enhance mental well-being.

Kishan (2020) highlighted the significance of integrating yoga and spirituality into mental health practices. The author discussed the concept of health as a body-mind continuum and emphasizes the importance of holistically treating the self, including physical, mental, and spiritual dimensions. The article elaborated on how yoga, as a scientific and systematic practice, helps achieve coherence between the self, mind, and body, ultimately promoting mental well-being.

Bhide et al. (2021) examined the therapeutic potential of yoga philosophy, focusing on its importance for mental health. This article highlighted the significance of integrating traditional yoga philosophy into modern mental health practices. Yoga philosophy offers a holistic approach to mental well-being, emphasizing breath control (pranayama) and introspection (pratyahara) to manage stress and enhance mental well-being. It highlighted the philosophical texts like the Patanjali Yoga Sutras and Bhagavad Gita underline yoga's role in mental health by addressing mind afflictions and promoting self-realization.

Results

The reviewed studies collectively provide a comprehensive understanding of the impact of yoga philosophy on mental health. The studies explored various aspects of yoga practice, ranging from asanas(physical postures) and pranayama(breath regulation) to deeper philosophical elements such as ethical principles and yogic counseling. These elements, rooted in ancient yoga texts, have significantly improved mental health outcomes in diverse populations. The reviewed studies consistently indicate that when incorporated into therapeutic interventions, yoga philosophy has a substantial positive impact on mental health. By addressing multiple dimensions of human experience physical, mental and spiritual, yoga philosophy offers a comprehensive approach to managing anxiety, depression, stress, and emotional instability. The integration of ethical principles, breath control, meditation, and spiritual growth into yoga practice provides tools for achieving lasting emotional regulation and overall mental well-being.

Discussion

The results indicate that yoga's mental health benefits extend beyond physical exercise. Integrating yoga philosophy provides a more comprehensive approach to mental health treatment. This holistic model resonates with modern therapeutic frameworks emphasizing the connection between mind, body, and spirit. One of the key themes emerging from this review is the consistent evidence supporting the effectiveness of yoga in reducing anxiety, depression, and stress. For instance, Telles et al. (2009) demonstrated a significant reduction in state anxiety following yoga practice, while Vahia et al. (1973) reported long-term benefits in anxiety and depression management through yogic counseling. These findings suggest that both practical and theoretical components of yoga can play crucial roles in alleviating mental health symptoms.

Additionally, the review underscores the importance of integrating yoga into therapeutic settings for diverse populations, including school employees, prisoners, cancer survivors, and individuals with psychiatric disorders. Studies such as Nosaka (2015) and Sathiyavathi et al. (2024) illustrate how structured yoga interventions can improve calmness, emotional regulation, and overall well-being, regardless of the participants' background or specific mental health challenges. The qualitative insights from Villaceres et al. (2014) and the case analyses by Satish (2014) further enrich our understanding of the mechanisms underlying yoga's therapeutic effects. These studies emphasize the multifaceted nature of yoga, involving patient-related, therapist-related, and treatment-related factors that collectively contribute to positive mental health outcomes. Moreover, the study of Bussing et al. (2012) highlights the broader implications of regular yoga practice on spiritual well-being, mindfulness, and life satisfaction. These aspects of mental health are often overlooked in conventional treatments, underscoring the holistic benefits of yoga that extend beyond symptom reduction. Several studies demonstrated reductions in anxiety, depression, and stress, with notable improvements in emotional regulation, spiritual well-being, and resilience. For instance, randomized controlled trials (RCTs) showed that integrated yoga practices led to greater reductions in symptoms compared to physical postures alone, highlighting the added value of yoga's philosophical components. Conceptual studies provided further insights, explaining how yoga's ethical and philosophical teachings, including the Panchakosha theory and Bhakti yoga, support mental health by balancing the individual's emotional, physical, and spiritual dimensions. Frameworks like the Integrated Approach to Yoga Therapy (IAYT) and the Yoga-Integrated Health Neuroscience Paradigm (YOGIHANSAM) offer modern explanations for yoga's therapeutic potential, combining traditional wisdom with contemporary psychological perspectives. The review underscores the potential for yoga philosophy to be integrated into contemporary mental health interventions as yoga philosophy provides tools for emotional regulation, self-awareness, and spiritual growth. Future research should prioritize the standardization of these integrative practices and explore their long-term benefits in diverse populations.

Limitation

Despite the robust findings, this review also identified several limitations in the current literature. Many studies varied in their methodological rigor, sample sizes, and assessment tools, which may influence the generalizability of the results. Additionally, excluding reviews and meta-analyses, while necessary to focus on original research, limits the scope of synthesized evidence available for drawing broader conclusions.

Conclusion

This review highlights the significant impact of yoga philosophy on mental health, demonstrating that combining physical yoga practices with its philosophical components enhances mental well-being more effectively than physical postures alone. Empirical studies consistently show reductions in anxiety, depression, and stress, while conceptual frameworks provide a deeper understanding of how yoga philosophy fosters emotional regulation, mindfulness, and spiritual growth. By addressing both the physical and mental aspects of health, yoga offers a holistic approach to mental health management. However, the variability

in interventions and the need for more rigorous, long-term studies underscore the importance of further research. Future studies should focus on developing standardized protocols for integrating yoga philosophy into therapeutic settings to realize its full potential in mental health care. Ultimately, yoga philosophy provides a comprehensive, integrative model that can complement modern therapeutic practices, offering a valuable tool for improving mental health and overall well-being.

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